SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1996 P94000015668 (4) **DOCUMENT #** BRYAN J. KIEFER, P.A. Mailing Address Principal Place of Business 126 NE EGLIN PARKWAY 126 NE EGLIN PARKWAY FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548 3a. Date of Last Report 3. Date Incorporated or Qualified 01/02/1996 02/23/1994 Applied For 4. FEI Number 2a. Mailing Address Principal Place of Business 59-3235029 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 **\$5.00** May Be 6. Flection Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Country Zıp] Yes 🔀 No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KIEFER, BRYAN J Street Address (P.O. Box Number is Not Acceptable) 82 126 NE EGLIN PARKWAY FT. WALTON BEACH FL 32548 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating). Signative type dicupants a name of registered agent and the it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 HILE TITLE CR2E034 1.2 NAME KIEFER, BRYAN J NAME 126 NE EGLIN PARKWAY 1.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 32548 1.4 CITY - ST - ZIP Charge Addition CITY-ST-ZIP DELETE 21 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY - ST - ZIF DELETE 3.1 TITLE TIFLE 3.2 NAME NAME 3.3 STREET AUDRESS STREET ADDRESS 3.4 City-St 2iP DITY-ST-ZIP [] Change [] Addition DELETE 4.1 DILE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY - ST - ZIF DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 300001882811気ange [] Addition -07/03/96--01022--011 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME ***225.00 63 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this and ual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Bool 12 or flook 3 if charged, or on an attachment with an address 64 CITY - ST - ZIP

YPPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND