FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 28 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017091 (7)**

1. Corporation Name
DALRYMPLE & JACOBS, P.A.

200001443302
-03/29/95--01099--012
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1435 COLLINGSWOOD BLVD. SUITE A PORT CHARLOTTE FL 33948	1435 COLLINGSWOOD BLVD. SUITE A PORT CHARLOTTE FL 33948

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report:
4. FEI Number: 65-0473394 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

9. Name and Address of Current Registered Agent

DALRYMPLE, J J (S.R.)
18501 MURDOCK CR.
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name: J. Jeffrey Dalrymple
82 Street Address (P.O. Box Number is Not Acceptable): 1435 Collingswood Blvd.,
83: Suite A
84 City: Port Charlotte FL 85 Zip Code: 33948

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	DALRYMPLE, J J	12 NAME	
STREET ADDRESS	18501 MURDOCK CR.	13 STREET ADDRESS	1435 Collingswood Blvd., Suite A
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	14 CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	DVT	21 TITLE	☑ Change ☐ Addition
NAME	JACOBS, WESS M	22 NAME	
STREET ADDRESS	18501 MURDOCK CR.	23 STREET ADDRESS	1435 Collingswood Blvd, Suite A
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	24 CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	3/28/95 MB
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on this annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached amendment, with an address.

SIGNATURE: J. Jeffrey Dalrymple J. Jeffrey Dalrymple 3-21-95 (813) 764-8914
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone Number

033F061 CP