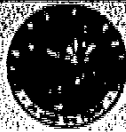


**CORPORATION  
ANNUAL REPORT  
1995**



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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 3:42

**DOCUMENT # P94000019737 (3)**

1. Corporation Name

**E. DOUGLAS SPANGLER, JR., P.A.**

|   |   |
|---|---|
| Principal Place of Business                   | Mailing Address                               |
| 1620 MAIN ST.<br>SUITE 3<br>SARASOTA FL 34236 | 1620 MAIN ST.<br>SUITE 3<br>SARASOTA FL 34236 |

DO NOT WRITE IN THIS SPACE.

|   |                                   |
|---|-----------------------------------|
| 3. Date Incorporated or Qualified<br>03/10/1994 | 3a. Date of Last Report<br>5-1-94 |
|---|-----------------------------------|

|                                 |                         |   |   |
|---------------------------------|-------------------------|---|---|
| 21. Principal Place of Business | 26. Mailing Address     | 4. FEI Number   | Applied For   |
| 22. Suite, Apt. #, etc.         | 27. Suite, Apt. #, etc. | 65-0476787  | Not Applicable  |
| 23. City & State                | 28. City & State        | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 24. Zip                         | 29. Zip                 | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 25. County                      | 30. County              | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**9. Name and Address of Current Registered Agent**

SPANGLER, E D  
1620 MAIN ST.  
SUITE 3  
SARASOTA FL 34236

**10. Name and Address of New Registered Agent**

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL           |
| 83.  |              |
| 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. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *E. Douglas Spangler Jr.* E. Douglas Spangler Jr.  
(Signature must be printed in full name of registered agent and printed name of registered agent) (NOTE: Registered Agent signature must be printed)

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | D                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SPANGLER, E D JR    | 1.2 NAME  |   |
| STREET ADDRESS             | 3320 SPRINGMILL CR. | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | SARASOTA FL 34239   | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 2.2 NAME  |   |
| STREET ADDRESS             |                     | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                     | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 3.2 NAME  |   |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                     | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME  |   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                     | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME  |   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                     | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME  |   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                     | 6.4 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurately 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 of this report, or on an attachment with an address.

SIGNATURE: *E. Douglas Spangler Jr.* E. Douglas Spangler Jr. (813) 362-4147  
(Signature must be printed in full name of signing officer or director) (Date)