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

FILED
95 JUL 28 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000023269 (1)

1. Corporation Name
AKSELL & VARGO, P.A.

Principal Place of Business	Mailing Address
1089 WEST MORSE BLVD. STE. C WINTER PARK FL 32789	1089 WEST MORSE BLVD. STE. C WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 200 S. Knowles Ave
Suite, Apt. #, etc. 22
City & State 23 Winter Park FL
Zip 24 32789 Country 25

2a. Mailing Address
26 PO Box 2126
Suite, Apt. #, etc. 27
City & State 28 Winter Park FL
Zip 29 32790-2126 Country 30

4. FEI Number: 59-3234674 ☐ 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

9. Name and Address of Current Registered Agent

VARGO, VICKI M ESQ.
1089 WEST MORSE BLVD.
STE. C
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Vicki M. Vargo ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 3800 Winged Foot Court
83
84 City: Orlando FL 85 Zip Code: 32808

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: (Signature of new registered agent required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	AKSELL, ALLAN C	12 NAME		
STREET ADDRESS	3800 WINGED FOOT COURT	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32808	14 CITY ST ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	VARGO, VICKI M	22 NAME		
STREET ADDRESS	~~1610 VILLAGE LANE~~	23 STREET ADDRESS	3800 Winged Foot Court	
CITY ST ZIP	~~WINTER PARK FL 32792~~	24 CITY ST ZIP	Orlando, FL 32808	
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		
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 attachment with an address.

SIGNATURE: Allan C Aksell 7-25-95 407-740-5255
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Daytime Phone #)

0048749 CR