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 MAY -1 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042037 (9)**

1. Corporation Name
ANTHONY CAMMARATA, P.A.

Principal Place of Business
~~1220 THOMASVILLE ROAD~~
~~TALLAHASSEE FL 32303~~
2873 Remington Green Circle, Suite 101
Tallahassee, FL 32308

Mailing Address
~~1220 THOMASVILLE ROAD~~
~~TALLAHASSEE FL 32303~~
P.O. Box 3043
Tallahassee, FL
32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1994
3a. Date of Last Report: N/A

4. FEI Number: 59-3258011 — 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

21 Principal Place of Business: 2873 Remington Green Cir
22 Suite, Apt. #, etc: Suite 101
23 City & State: Tallahassee, FL
24 Zip: 32308 — 25 County: U.S.

26 Mailing Address: Post office Box 3043
27 Suite, Apt. #, etc:
28 City & State: Tallahassee, FL
29 Zip: 32315 — 30 County: U.S.

9. Name and Address of Current Registered Agent

CAMMARATA, ANTHONY
~~1220 THOMASVILLE ROAD~~
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3617 Flat Road
83:
84 City: Tallahassee — FL — 85 Zip Code: 32303

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: Anthony Cammarata Anthony Cammarata (If Registered Agent signature required when mandatory) — DATE: 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	CAMMARATA, ANTHONY	1.2 NAME	
STREET ADDRESS	~~1220 THOMASVILLE ROAD~~ (P.O. BOX 3043)	1.3 STREET ADDRESS	3617 Flat Road
CITY ST ZIP	TALLAHASSEE FL 32303	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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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: Anthony Cammarata — 5-1-95 — (904) 224-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANTHONY CAMMARATA

0000043 CP