SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -6 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048129 (8)

1. Corporation Name

GARY B. ANDREWS, INC.

Principal Place of Business	Mailing Address
1750 HIGHWAY A1A SOUTH SUITE E ST. AUGUSTINE FL 32084	1750 HIGHWAY A1A SOUTH SUITE E ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report:
4. FEI Number: 59-3250999 ☐ 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	10. Name and Address of New Registered Agent
ANDREWS, GARY B 1750 HIGHWAY A1A SOUTH SUITE E ST. AUGUSTINE FL 32084	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — FL — 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

		Change	Addition
1 TITLE	P/S/C	☐	☐
1 NAME	Gary B. Andrews		
1 STREET ADDRESS	1750 Highway A1A South, Suite E		
1 CITY-ST-ZIP	St. Augustine, FL 32084		
2 TITLE	T/AS/D	☐	☒
2 NAME	Margaret H. Andrews		
2 STREET ADDRESS	1750 Highway A1A South, Suite E		
2 CITY-ST-ZIP	St. Augustine, FL 32084		
3 TITLE		☐	☐
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE		☐	☐
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		☐	☐
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		☐	☐
6 NAME			
6 STREET ADDRESS			
6 CITY-ST-ZIP			

CR2E034 (3/95)

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. 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: Margaret H. Andrews — Margaret H. Andrews 6/30/95 904/471-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000839 CP