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 APR 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058127 (9)**

1. Corporation Name
MICHAEL J. HAUVERSBURK, P.A.

200001457462
-04/14/95--01118--005
DO NOT WRITE IN THIS SPACE
****200.00 ****200.00

Principal Place of Business	Mailing Address
331 MAGNOLIA AVE. PANAMA CITY FL 32401	331 MAGNOLIA AVE. PANAMA CITY FL 32401

3. Date Incorporated or Qualified: **06/05/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business	2a. Mailing Address
21 303 Magnolia Ave.	26 Post Office Box 1368
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Panama City, Florida	City & State 28 Panama City, Florida
Zip 24 32401 Country 25 U.S.	Zip 29 32402 Country 30 U.S.

4. FEI Number: 59-3265080 — 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

HAUVERSBURK, MICHAEL J
331 MAGNOLIA AVE.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: Hauversburk, Michael J
82 Street Address (P.O. Box Number is Not Acceptable): 303 Magnolia Avenue
83
84 City: Panama City FL 85 Zip Code: 32401

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 _____ (If changing Registered Agent, Signature required below) Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D,P ☐ Change ☒ Addition
NAME	HAUVERSBURK, MICHAEL J	12 NAME	Hauversburk, Michael J
STREET ADDRESS	P.O. BOX 1368	13 STREET ADDRESS	P.O. Box 1368 N/A
CITY ST ZIP	PANAMA CITY FL 32402	14 CITY ST ZIP	Panama City FL 32402
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
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	4/14/95 MH
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 Sec. Sec. 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 above, or on an attachment with an address.

SIGNATURE: _____ 1/10/95 Date 904 872-0226 Telephone Number

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Hauversburk, Director, President

000031 CP