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 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000072995 (1)**

1. Corporate Name

JOHN M. SELDEN & ASSOCIATES, P.A.

Principal Street Address

515 N FLAGLER DR
SUITE P300
WEST PALM BEACH FL 33401

Mailing Address

515 N FLAGLER DR
SUITE P300
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Date of Principal Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg.
22	27
City & State	City & State
23	28
Zip / Province	Zip / Country
24 25	29 30

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report:

4. FEI Number: 65-0524252 ☐ 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

7. Is this corporation currently qualified to do business in Florida? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SELDEN, JOHN M
515 N FLAGLER DR
SUITE P300
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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: (New Registered Agent's Signature) (Name of New Registered Agent, Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
31 Title	D	☐ Change ☐ Addition
32 Name	SELDEN, JOHN M	
33 Street Address	515 N FLAGLER DR SUITE P300	
34 City-St-Zip	WEST PALM BEACH FL 33401	
35 Title		☐ Change ☐ Addition
36 Name		
37 Street Address		
38 City-St-Zip		
39 Title		☐ Change ☐ Addition
40 Name		
41 Street Address		
42 City-St-Zip		
43 Title		☐ Change ☐ Addition
44 Name		
45 Street Address		
46 City-St-Zip		
47 Title		☐ Change ☐ Addition
48 Name		
49 Street Address		
50 City-St-Zip		
51 Title		☐ Change ☐ Addition
52 Name		
53 Street Address		
54 City-St-Zip		

14. To the best of my knowledge, all the information required to be reported in this annual report is true and accurate and that this report is executed in accordance with the applicable provisions of the Florida Statutes. I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: 4/27/95 407-833-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0242100 CP