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 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077472 (6)**

1. Corporate Name
THEODORE M. BRINK AND ASSOCIATES, P.A.

Principal Place of Business
9393-1 ARLINGTON EXPWY
JACKSONVILLE FL 32225

Mailing Address
9393-1 ARLINGTON EXPWY
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

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 Zip — 29 County — 30

4. FEI Number: 59-3274638 — 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
KNIGHT, JOHN E III
1609 GULF LIFE DR
JACKSONVILLE FL 32207

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 Section 607.0505, and 607.0506 Florida Statutes, the above named corporation submits the 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 hereby accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE
Of Registered Agent or Officer of Registered Agent Corporation Named in Article — Date

12. OFFICERS AND DIRECTORS

Title	D
Name	BRINK, THEODORE M
Street Address	9398-1 ARLINGTON EXPWY
City, State, Zip	JACKSONVILLE FL 32225

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	D, P, S, T
Name	Theodore M. Brink
Street Address	same
City, State, Zip	same

☐ Change ☑ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and that, not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and validity as if made under oath. That I am an officer or director of the corporation or the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or is listed on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95
Date

904-724-9210
Daytime Phone #

0408494 FP