SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $226 (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

95 JUN 29 AM 8:14

DOCUMENT # P94000081680 (8)

1. Corporation Name

LAW OFFICES OF SIDNEY L. VIHLEN, III, P.A.

Principal Place of Business	Mailing Address
200 NORTH PARK AVENUE SUITE 200 SANFORD FL 32771	200 NORTH PARK AVENUE SUITE 200 SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2180 Sanlando Center
Suite, Apt. #, etc.
22 2180 W. S.R. 434, Ste 1136
City & State
23 Longwood, Fl.
Zip 24 32779 Country 25 Seminole

2a. Mailing Address
26 Post Office Box 161554
Suite, Apt. #, etc.
27
City & State
28 Altamonte Springs, Fl.
Zip 29 32716-1554 Country 30 Seminole

4. FEI Number: 59-3287409 ☐ 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

VIHLEN, SIDNEY L III
200 NORTH PARK AVENUE
SUITE 200
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: VIHLEN, SIDNEY L., III
82 Street Address (P.O. Box Number is Not Acceptable): 2180 Sanlando Center
83 2180 West S.R. 434, Suite 1136
84 City: Longwood 85 FL Zip Code: 32779

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: SIDNEY L. VIHLEN, III — 04/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P, D	☒ Change ☐ Addition
NAME	VIHLEN, SIDNEY L III	12 NAME	VIHLEN, SIDNEY L., III	
STREET ADDRESS	200 NORTH PARK AVENUE SUITE 200	13 STREET ADDRESS	2180 WEST S.R. 434, SUITE 1136	
CITY-ST-ZIP	SANFORD FL 32771	14 CITY-ST-ZIP	LONGWOOD, FLORIDA 32779	
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		
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		

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)(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 added on an attachment with an address.

SIGNATURE: SIDNEY L. VIHLEN, III — 04/24/95 — (407) 786-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
President

0010416 CP