

**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. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -7 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000085617 (6)

1. Corporation Name
WILLIAM AKERS, III, P.A.

Principal Place of Business
120 EAST GRANADA BOULEVARD
ORMOND BEACH FL 32176

Mailing Address
POST OFFICE BOX 2633
ORMOND BEACH FL 32175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1994
3a. Date of Last Report

2. Principal Place of Business
21. Mailing Address

4. FEI Number 59-3244871
Applied For Not Applicable

22. Suite, Apt # etc
27. Suite, Apt # etc

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State
28. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. 25. 29. 30.

9. Has any system to identify for purposes the statute of Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

AKERS, WILLIAM III
120 EAST GRANADA BOULEVARD
ORMOND BEACH FL 32176

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 607.08(2) and 607.13(4) 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. Thereby, accept the appointment as registered agent. I am hereby authorized to accept the appointment of Section 607.08(2) Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Date

12. OFFICE PERSONNEL

| | | |
|------------------|----------------------------|--|
| 12.1 | D | |
| NAME | AKERS, WILLIAM III | |
| STREET ADDRESS | 120 EAST GRANADA BOULEVARD | |
| CITY, STATE, ZIP | ORMOND BEACH FL 32176 | |
| 12.2 | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY, STATE, ZIP | | |
| 12.3 | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY, STATE, ZIP | | |
| 12.4 | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY, STATE, ZIP | | |
| 12.5 | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY, STATE, ZIP | | |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY

| | | |
|---------------------|--|---|
| 13.1 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME | | |
| 2. STREET ADDRESS | | |
| 3. CITY, STATE, ZIP | | |
| 13.2 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME | | |
| 2. STREET ADDRESS | | |
| 3. CITY, STATE, ZIP | | |
| 13.3 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME | | |
| 2. STREET ADDRESS | | |
| 3. CITY, STATE, ZIP | | |
| 13.4 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME | | |
| 2. STREET ADDRESS | | |
| 3. CITY, STATE, ZIP | | |
| 13.5 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME | | |
| 2. STREET ADDRESS | | |
| 3. CITY, STATE, ZIP | | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked against the corporation's records 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 person or persons empowered by me to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: *William Akers III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/95
94672-0420

CR2E034 (3/95)