FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088665 (2)

1. Corporate Name
MORIARTY & GRUNOR, P.A.

Principal Office Address
673 BALMORAL ROAD
WINTER PARK FL 32789

Mailing Address
POST OFFICE BOX 2144
WINTER PARK FL 32790-2144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1994

3a. Date of Last Report: N/A.

2. Principal Place of Business
21 1085 W. Morse Blvd.
Suite Apt # etc.
22 #C
City & State
23 Winter Park, FL
Zip
24 32789
County
25

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3281594
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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MORIARTY, BETH A ESQ.
673 BALMORAL ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1085 W. Morse Blvd #C
83
84 City: Winter Park FL 85 Zip Code: 32789

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: Beth A. Moriarty — Beth A. Moriarty — Date: 5/7/95

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
P	SYLVIA A. GRUNOR	1085 W. MORSE BLVD #C	WINTER PARK, FL 32789
VP, S, T	BETH A. MORIARTY	1085 W. MORSE BLVD #C	WINTER PARK, FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1. Title / 2. Name / 3. Street Address / 4. City, St, Zip — ☐ Change ☐ Addition
1. Title / 2. Name / 3. Street Address / 4. City, St, Zip — ☐ Change ☐ Addition
1. Title / 2. Name / 3. Street Address / 4. City, St, Zip — ☐ Change ☐ Addition
1. Title / 2. Name / 3. Street Address / 4. City, St, Zip — ☐ Change ☐ Addition
1. Title / 2. Name / 3. Street Address / 4. City, St, Zip — ☐ Change ☐ Addition
1. Title / 2. Name / 3. Street Address / 4. City, St, Zip — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and declared truthful to the corporation called for in Section 607.0505, Florida Statutes. Further certify that the information shown on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. Pursuant to the provisions of the corporation's articles of incorporation or bylaws, or pursuant to the notice of meeting required by Chapter 607, Florida Statutes, and that the name appearing on line 12 of this form is the duly elected officer with an address.

SIGNATURE: Beth A. Moriarty — Beth A. Moriarty — 5/7/95 — 407 647 2448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0051741 CP