FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000094092 (1)

1. Corporation Name

LAVIGNE & LANE, PROFESSIONAL ASSOCIATION

Principal Place of Business
5401 SO. KIRKMAN ROAD STE. 500
ORLANDO FL 32819

Mailing Address
5401 SO. KIRKMAN ROAD STE. 500
ORLANDO FL 32819

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report: 1995

2. Principal Place of Business — 21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

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

4. FEI Number: 59-3286206 ☐ 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

~~WASHBURN, KENNETH R~~
5401 SO. KIRKMAN ROAD STE. 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: James R. LaVigne
82 Street Address (P.O. Box Number is Not Acceptable): 5401 S. Kirkman Rd
83 Suite 500
84 City: Orlando 32819 FL
85 Zip Code: 32819

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: James R. LaVigne, JAMES R LAVIGNE 2-15-96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAVIGNE, JAMES R		1.2 NAME	
STREET ADDRESS	5401 SO. KIRKMAN ROAD STE. 500		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	
TITLE	~~D~~	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~WASHBURN, KENNETH R~~		2.2 NAME	
STREET ADDRESS	~~5401 SO. KIRKMAN ROAD STE. 500~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32819~~		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LANE, PAUL C		3.2 NAME	
STREET ADDRESS	5401 SO. KIRKMAN ROAD STE. 500		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(k), 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 on an attachment with an address.

SIGNATURE: James R. LaVigne JAMES R LAVIGNE, PRES. 2-15-96 407 363-4821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)