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 # P95000077153 (1)

1. Corporation Name

THRAILKILL, BROUSSARD & SMITH, P.A.

Principal Place of Business
255 SO. ORANGE AVENUE STE 701
ORLANDO FL 32801-3450

Mailing Address
255 SO. ORANGE AVENUE STE 701
ORLANDO FL 32801-3450

3. Date Incorporated or Qualified: 10/09/1995
3a. Date of Last Report: N/A
4. FEI Number: 59-3338104 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.: Suite 740
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.: Suite 740
28 City & State
29 Zip 30 Country

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

THRAILKILL, G H
255 SO. ORANGE AVENUE STE 701
ORLANDO FL 32801-3450

10. Name and Address of New Registered Agent
81 Name: G. Harlan Thrailkill
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 740
84 City: FL
85 Zip Code

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 G. Harlan Thrailkill [signature] 4-15-96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	THRAILKILL, G H	
STREET ADDRESS	255 SO. ORANGE AVENUE STE 701	
CITY-ST-ZIP	ORLANDO FL 32801-3450	
TITLE	D	☐ DELETE
NAME	BROUSSARD, BRUCE K	
STREET ADDRESS	255 SO. ORANGE AVENUE STE 701	
CITY-ST-ZIP	ORLANDO FL 32801-3450	
TITLE	D	☐ DELETE
NAME	SMITH, KEVIN M	
STREET ADDRESS	255 SO. ORANGE AVENUE STE 701	
CITY-ST-ZIP	ORLANDO FL 32801-3450	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	Thrailkill, G. Harlan	
1.3 STREET ADDRESS	Suite 740	
1.4 CITY-ST-ZIP		
2.1 TITLE	V/S/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	Suite 740	
2.4 CITY-ST-ZIP		
3.1 TITLE	V/T/D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	Suite 740	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: [signature] G. Harlan Thrailkill President 2-4-96 407 849-0560 x140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #