SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000078064 (9) RICHARD A COLEGROVE, JR., P.A. Principal Place of Business Mailing Address 101 W. 1ST ST., STE. C 101 W. 1ST ST., STE. C SANFORD FL 32771 SANFORD FL 32771 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLEGROVE, RICHARD A JR. 101 W. 1ST ST., STE. C Street Address (P.O. Box Number is Not Acceptable) 82 SANFORD FL 32771 В3 84 City Zip Code 85 Pursuant to the office or register viorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered hange was authorized by the corporation's board of directors. Thereby accept the appointment as registered in 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when re-instating) 12 ERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)THILE DELETE 11 TIFLE Change Addition COLEGROVE, RICHARD A JR. NAME 1.2 NAME **CR2E034** STREET ADDRESS 101 W. 1ST ST., STE, C 1.3 STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 1.4 CITY - ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 1111 E Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ACCRESS CITY-ST-ZIP 34 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 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TIFLE DELETE 61 TITLE Change ____ Addit on NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP I do hereby certify that the information su further certify that the information indicat made under oath, that I am an office or hed and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 annual report is true and accurate and that my signature shall have the same legal effect as if or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Bloc th an address ane 96 (407)324-2200 SIGNATURE:

SIGNATURE AND TYPED OF

ME OF SIGNING OFFICER OR DIRECTOR