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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:57

DOCUMENT # S08781 (4)

1. Corporation Name
HANLEY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2706 SOUTH HORSESHOE DR. SUITE 204 NAPLES FL 33942	2706 SOUTH HORSESHOE DR. SUITE 204 NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	850 PARK SHORE DRIVE
Suite, Apt. #, etc. (22)	201
City & State (23)	NAPLES, FL
Zip (24) / Country (25)	33940 / US
2a. Mailing Address (26)	
Suite, Apt. #, etc. (27)	SAME AS CURRENT #'s
City & State (28)	
Zip (29) / Country (30)	

3. Date Incorporated or Qualified: 10/25/1990
3a. Date of Last Report: 06/24/1994
4. FEI Number: 65-0229339 ☐ 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

LOWRIE, DOROTHY J.
2706 SOUTH HORSESHOE DR.
SUITE 204
NAPLES FL 33942

10. Name and Address of New Registered Agent

(01) Name: LOWRIE, DOROTHY J.
(02) Street Address (P.O. Box Number is Not Acceptable): 850 PARK SHORE DR
(03) Suite 201
(04) City: NAPLES FL (05) Zip Code: 33940

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: Dorothy J Lowrie PRESIDENT 1/13/95
Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWRIE, JAMES F. 2706 S. HORSESHOE DR. NAPLES FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 850 PARK SHORE DR NAPLES, FL 33940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWRIE, DOROTHY J. 2706 S. HORSESHOE DR. NAPLES FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 850 PARK SHORE DR. NAPLES, FL 33940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(i), 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 F Lowrie 1/13/95 813-643-7474
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

0320114 CP