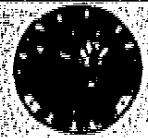


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 19 AM 1:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S20034 (2)**

**1. Corporation Name  
R. L. VAUGHT & ASSOCIATES, INC.**

**Principal Place of Business**      **Mailing Address**  
8075 E.E. BRIDGE ROAD      P.O. BOX 100  
MOBE SOUND FL 33455      MOBE SOUND FL 3475-100  
US      US

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
12/18/1990      06/08/1994

**4. FEI Number**      **Applied For**  
85-0234207      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-189.032, Florida Statutes**      Yes  No

**2. Principal Place of Business**      **2a. Mailing Address**

**21** Suite, Apt. #, etc.      **26** Suite, Apt. #, etc.

**22** City & State      **27** City & State

**23** Zip      **28** Zip      **29** 33475-0600 **30** Country

**9. Name and Address of Current Registered Agent**      **10. Name and Address of New Registered Agent**

**SUNDHEM, FREDERICK G.  
310 S.W. OCEAN BLVD.  
STUART FL 34994**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**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**      Signature, typed or printed name of registered agent and title if applicable.      **(NOTE: Registered Agent signature required when registering)**      **DATE**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE**      **PO**  
**NAME**      **VAUGHT, ROBERT L. SR**  
**STREET ADDRESS**      **5500 SE PARAMOUNT DR**  
**CITY-ST-ZIP**      **STUART FL**

**1.1 TITLE**       Change       Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**      **STUART FL 34997**

**TITLE**      **STD**  
**NAME**      **VAUGHT, JOAN L.**  
**STREET ADDRESS**      **5500 SE PARAMOUNT DR.**  
**CITY-ST-ZIP**      **STUART FL**

**2.1 TITLE**       Change       Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**      **STUART FL 34997**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**3.1 TITLE**       Change       Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**4.1 TITLE**       Change       Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**5.1 TITLE**       Change       Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**6.1 TITLE**       Change       Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**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 110.07(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 as an attachment with an address.**

**SIGNATURE:** *Robert L. Vaught*      **ROBERT L. VAUGHT**      **14 APR 95**      **(407) 546-8086**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #