FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

DOCUMENT # **S23472** **(1)**

1. Corporate Name
JOHN H. ELAMAD, P.E., P.A.

Principal Place of Business	Mailing Address
215 MOUNTAIN DR #110 DESTIN FL 32541	215 MOUNTAIN DR #110 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1991**
3a. Date of Last Report: **05/13/1994**

21 2. Principal Place of Business
22 State, Apt. #, etc.
23 City & State
24 Zip
25 County

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

4. FEI Number: **59-3045539** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MATTHEWS, DANA C., ESQ.
607 HIGHWAY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

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 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title 02 Name 03 Street Address 04 City, St., Zip	DP ELAMAD, JOHN H. 215 MOUNTAIN DR #110 DESTIN FL 32541	01 Title 02 Name 03 Street Address 04 City, St., Zip	☐ Change ☐ Addition
05 Title 06 Name 07 Street Address 08 City, St., Zip		05 Title 06 Name 07 Street Address 08 City, St., Zip	☐ Change ☐ Addition
09 Title 10 Name 11 Street Address 12 City, St., Zip		09 Title 10 Name 11 Street Address 12 City, St., Zip	☐ Change ☐ Addition
13 Title 14 Name 15 Street Address 16 City, St., Zip		13 Title 14 Name 15 Street Address 16 City, St., Zip	☐ Change ☐ Addition
17 Title 18 Name 19 Street Address 20 City, St., Zip		17 Title 18 Name 19 Street Address 20 City, St., Zip	☐ Change ☐ Addition
21 Title 22 Name 23 Street Address 24 City, St., Zip		21 Title 22 Name 23 Street Address 24 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: John H. Elamad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
Date

(904) 837-7464
Daytime Phone #

0347848 CP