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

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S26831** **(5)**

1. Corporation Name
SAVAGE & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
200 E ROBINSON STR STE 700 ORLANDO FL 32801-1956 US	200 E ROBINSON ST STE 500 ORLANDO FL 32801-1956 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3048946	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 200 E Robinson St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 STE 700
City & State 23	City & State 28 Orlando FL
Zip 24 / Country 25	Zip 29 32801 / Country 30 USA

9. Name and Address of Current Registered Agent

SAVAGE, JOYCE A.
200 E ROBINSON STR
STE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Joyce Savage-Gaston
82 Street Address (P.O. Box Number is Not Acceptable): 200 E Robinson St
83 Ste 700
84 Orlando FL 85 Zip Code 32801

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] DATE: 5-11-95
Signature, if changing Registered Agent, of new Registered Agent and title if applicable — NOTE: Registered Agent Signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVAGE, JOYCE A 200 E ROBINSON STR, STE 500 ORLANDO FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition Joyce Savage-Gaston 200 E Robinson St, Ste 700
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition RECEIVED BY MAY 1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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 above, or on an attachment with an X in this box.

SIGNATURE: [signature] DATE: 4/27/95
SIGNATURE AND TITLE OR PRINT NAME OF DIRECTOR OR OFFICER

0082640 CP