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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:55

DOCUMENT # S74749 (0)

1. Corporation Name
~~CABANISS, BURKE & WAGNER, P.A.~~
CABANISS & BURKE, P.A.

Principal Place of Business	Mailing Address
800 N MAGNOLIA AVE SUITE 1800 ORLANDO FL 32802 US	PO BOX 2513 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 08/21/1991
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-3081148 ☐ 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

CABANISS, RONALD E.
800 N. MAGNOLIA AVE
ORLANDO FL 32802

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of 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	VS	1.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, THOMAS M	1.2 NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	☒ Change ☐ Addition
NAME	WAGNER, LYNN E	2.2 NAME	TERMINATED EMPLOYMENT
STREET ADDRESS	800 N. MAGNOLIA AVE	2.3 STREET ADDRESS	EFF. 1/1/95
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	MCDONALD, FARNCIS M JR.	3.2 NAME	MCDONALD, FRANCIS M JR
STREET ADDRESS	800 N. MAGNOLIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, LARRY D	4.2 NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	KOLOS, CHRIS N	5.2 NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	V BUNCH, DEAN
STREET ADDRESS		6.3 STREET ADDRESS	909 E. PARK AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TALLAHASSEE, FL

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 X next to it.

SIGNATURE: V FRANCIS M MCDONALD JR 2/9/95 407 246-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0417203 FP