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 APR 21 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S76356** **(2)**

1. Corporation Name
MATTHEWS, HUTTON & EASTMOORE, P.A.

Principal Place of Business	Mailing Address
1777 MAIN ST., STE. 500 P. O. BOX 49077 SARASOTA FL 32436	1777 MAIN ST., STE. 500 P. O. BOX 49077 SARASOTA FL 32436

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1991
3a. Date of Last Report: 06/13/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

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

4. FEI Number: 65-0287912 ☐ 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

EASTMOORE, THEORDORE C.
1777 MAIN STREET, SUITE 500
SARASOTA FL 34236

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	D	11 TITLE	PI	☒ Change ☐ Addition
NAME	MATTHEWS, A. LAMAR, JR.	12 NAME		
STREET ADDRESS	1777 MAIN ST., #500	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	34236	
TITLE	D	21 TITLE	VI	☒ Change ☐ Addition
NAME	HUTTON, STEVEN D.	22 NAME		
STREET ADDRESS	1777 MAIN ST., #500	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	34236	
TITLE	D	31 TITLE	VISIT	☒ Change ☐ Addition
NAME	EASTMOORE, THEODORE C.	32 NAME		
STREET ADDRESS	1777 MAIN ST., #500	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	34236	
TITLE	D	41 TITLE	IV	☒ Change ☐ Addition
NAME	MEDAWAR, JEANNE S	42 NAME		
STREET ADDRESS	1777 MAIN STREET, SUITE 500	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	IV	☒ Change ☐ Addition
NAME	HARDY, ARTHUR S.	52 NAME		
STREET ADDRESS	1777 MAIN STREET, #500	53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	IV/D	☐ Change ☒ Addition
NAME		62 NAME	GARCIA, MARTIN	
STREET ADDRESS		63 STREET ADDRESS	1777 MAIN STREET	
CITY-ST-ZIP		64 CITY-ST-ZIP	SARASOTA FL 34236	

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: THEODORE C. EASTMOORE 4/18/95 (813) 366-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VICE PRESIDENT

0048133 CP