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 -4 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S80826** **(8)**

1. Corporation Name
REGULATORY ASSISTANCE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
390 BOCA CIEGA POINT BLVD. SOUTH ST. PETERSBURG FL 33708-2724	390 BOCA CIEGA POINT BLVD. SOUTH ST. PETERSBURG FL 33708-2724

3. Date Incorporated or Qualified: 09/17/1991
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 773 ST JUDES DR. N	26 P.O. BOX 3196
Suite, Apt. #, etc. 22 PO BOX 3196	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip / Country 24 34230-3196 25 USA	Zip / Country 29 34230-3196 30 USA

4. FEI Number: 65-0296056 ☐ 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	10. Name and Address of New Registered Agent
MILLER, H. LINCOLN JR. 390 BOCA CIEGA POINT BLVD. SOUTH ST. PETERSBURG FL 33708	81 Name: H. LINCOLN MILLER JR 82 Street Address (P.O. Box Number is Not Acceptable): 773 ST JUDES DRIVE N 83: LONGBOAT KEY 84 City: SARASOTA FL 85 Zip Code: 34228

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	PD	11 TITLE		☐ Change ☒ Addition
NAME	MEEHAN, EDWARD E.	12 NAME		
STREET ADDRESS	7 MIDDLE ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	S. BARRE VT 05670	14 CITY-ST-ZIP	05670	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	MILLER, H. LINCOLN JR.	22 NAME		
STREET ADDRESS	390 BOCA CIEGA PT BL. S.	23 STREET ADDRESS	773 ST JUDES DRIVE N., LONGBOAT KEY	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	SARASOTA FL 34228	
TITLE	TD	31 TITLE		☒ Change ☒ Addition
NAME	ROGERS, MICHAEL T.	32 NAME		
STREET ADDRESS	MAIN STREET	33 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD VT 05036	34 CITY-ST-ZIP	05036	
TITLE	SD	41 TITLE		☐ Change ☒ Addition
NAME	HARKAVY, JON	42 NAME		
STREET ADDRESS	8210 ELLINGSON DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	CHEVY CHASE MD 20815	44 CITY-ST-ZIP	20815	
TITLE	D	51 TITLE		☐ Change ☒ Addition
NAME	HARRIS, G. WAYNE	52 NAME		
STREET ADDRESS	7251 PLOVERS WAY	53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242	54 CITY-ST-ZIP	34242	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: _____ H. LINCOLN MILLER JR. 3/12/95 813-957-3866
SIGNATURE AND TITLE OR STATUS OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0808480 CP