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 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S87969 (9)

1. Corporation Name
AAA BUCHANAN & ASSOCIATES, INC.

Principal Place of Business
P.O. BOX 7092
49TH STREET, OCALA, FLORIDA 32670
WINTER HAVEN FL 33883-7092

Mailing Address
P.O. BOX 7092
49TH STREET, OCALA, FLORIDA 32670
WINTER HAVEN FL 33883-7092

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 PO Box 7092	26 P.O. Box 7092
Suite, Apt. #, etc. 22 521 W Central Ave	Suite, Apt. #, etc. 27
City & State 23 Winter Haven FL	City & State 28 Winter Haven FL
Zip 24 33880 Country 25 Polk	Zip 29 33883 Country 30 Polk

3. Date Incorporated or Qualified: 10/17/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3089632 ☐ 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

GILLIS, NANCY
65 THIRD ST NW
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 521 W Central Avenue
83
84 City Winter Haven FL 85 Zip Code 33880

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, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☒ Change ☐ Addition
NAME	~~PADGETT, HUGH~~	1 2 NAME	Delete
STREET ADDRESS	~~2940 N.E. 49TH ST.~~	1 3 STREET ADDRESS	
CITY-ST-ZIP	~~OCALA FL~~	1 4 CITY-ST-ZIP	
TITLE	PVS	2 1 TITLE	PVST ☒ Change ☐ Addition
NAME	GILLIS, NANCY	2 2 NAME	Gillis, Nancy
STREET ADDRESS	65 THIRD ST NW	2 3 STREET ADDRESS	521 W Central Ave
CITY-ST-ZIP	WINTER HAVEN FL	2 4 CITY-ST-ZIP	Winter Haven FL 33880
TITLE	TD	3 1 TITLE	☒ Change ☐ Addition
NAME	GILLIS, NANCY	3 2 NAME	Delete
STREET ADDRESS	65 THIRD ST NW	3 3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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)(k), 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: Nancy R Gillis — Nancy R Gillis — 4/28/95 — (813)293-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440445 FP