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 MAY -1 AM 10:03

DOCUMENT # V08743 (9)

1. Corporation Name
JEEVES, SPEARS & ROE, P.A.

Principal Place of Business	Mailing Address
FEATHER SOUND CORP. CENTER STE 400 CLEARWATER FL 34622 US	FEATHER SOUND CORP. CENTER STE 400 CLEARWATER FL 34622 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1992
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business
21: N/A
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: County 25:

2a. Mailing Address
26: 4055 Central Ave
Suite, Apt. #, etc. 27:
City & State 28: St. Petersburg, FL
Zip 29: 33713 County 30: Pinellas

4. FEI Number: 59-3102634 ☐ 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

JEEVES SCOTT R.
FEATHER SOUND CORP. CENTER
SUITE 100
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: James D Jackman
82 Street Address (P.O. Box Number is N. Acceptable): 4105 North Himes
83
84 City: Tampa FL 85 Zip Code: 33607-6608

11. Pursuant to the provisions of Section 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: 5/23/95
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	VONN SPEARS, ERIC	12 NAME	
STREET ADDRESS	2780 N. RIVERSIDE DR. #401	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	ROE, GREGORY S	22 NAME	
STREET ADDRESS	2982 LONGBROOKE WAY	23 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	JEEVES, SCOTT R	32 NAME	
STREET ADDRESS	14203 WELLESTER DRIVE	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY PART 1

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 the 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: _____ 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0450130 FP