

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V12983** (5)  
1. Corporation Name  
**ERNON N. SIDAWAY, III, P.A.**

Principal Place of Business: **223 ORANGE AVE. FT. PIERCE FL 34950**  
Mailing Address: **223 ORANGE AVE. FT. PIERCE FL 34950**

**APPROVED AND FILED**  
**09E MAY 23 AM 10:15**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/11/1992</b>	3a. Date of Last Report <b>08/30/1994</b>
21	26	4. FEI Number <b>59-3193243</b>	Applied for Not Applicable		
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
24	25	29	30	8. This corporation has liability for intangible tax under S 190.037 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SIDAWAY, ERNON N III</b> <b>223 ORANGE AVE.</b> <b>FT. PIERCE FL 34950</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0504 and 607.1908, 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 this section 607.0505, Florida Statutes.

SIGNATURE: NA  
(Signature must be handwritten. Copy and paste from file is acceptable. Do not sign over a signature that has already been signed after the filing date.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	<b>D</b> <b>SIDAWAY, ERNON N III</b> <b>223 ORANGE AVE.</b> <b>FT. PIERCE FL 34950</b>	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2		13.2 TITLE 13.3 NAME 13.4 STREET ADDRESS 13.5 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3		13.3 TITLE 13.4 NAME 13.5 STREET ADDRESS 13.6 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4		13.4 TITLE 13.5 NAME 13.6 STREET ADDRESS 13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		13.6 TITLE 13.7 NAME 13.8 STREET ADDRESS 13.9 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7		13.7 TITLE 13.8 NAME 13.9 STREET ADDRESS 14.0 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.0306, 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, 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: Ernon N. Sidaway III  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ernon N. Sidaway III**  
 DATE: **5-17-95**  
 REGISTERED OFFICE: **(407) 465-3136**  
 STATE OF FLORIDA