

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 02/11/1992	3a. Date of Last Report 08/30/1994
21	26	4. FEI Number 59-3193243	Applied for Not Applicable		
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. ZIP	25. COUNTRY	29. ZIP	30. COUNTRY	8. This corporation has liability for intangible tax under S. 190.03, 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			
SIDAWAY, ERNON N III 223 ORANGE AVE. FT. PIERCE FL 34950				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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. For 11, Registered Agent, copy and paste after recording.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, If Any	
12.1 NAME D SIDAWAY, ERNON N III	12.2 STREET ADDRESS 223 ORANGE AVE.	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 CITY, ST, ZIP FT. PIERCE FL 34950		13.2 NAME	
		13.3 STREET ADDRESS	
		13.4 CITY, ST, ZIP	
12.4 NAME		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 NAME		13.6 NAME	
12.6 NAME		13.7 STREET ADDRESS	
12.7 NAME		13.8 CITY, ST, ZIP	
12.8 NAME		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 NAME		13.10 NAME	
12.10 NAME		13.11 STREET ADDRESS	
12.11 NAME		13.12 CITY, ST, ZIP	
12.12 NAME		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.13 NAME		13.14 NAME	
12.14 NAME		13.15 STREET ADDRESS	
12.15 NAME		13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. 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**
 0578304 CP