

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V23060

(9)

1. Corporation Name

LANGSTON, HESS & BOLTON, P.A.

Principal Place of Business

111 S. MATLAND AVENUE
SUITE 200
MATLAND FL 32751

Mailing Address

111 S. MATLAND AVENUE
SUITE 200
MATLAND FL 32751

APPROVED
AND
FILED

95 APR -7 AM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/20/1992 3a. Date of Last Report 03/03/1994

4. FEI Number 59-3152951 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

10. Name and Address of New Registered Agent

81. Name HEDRICK, DAVID W. P.A.

82. Street Address (P.O. Box Number is Not Acceptable) SOUTHTRUST BANK BUILDING SUITE 1100

83. 135 WEST CENTRAL BLVD.

84. City ORLANDO FL 85. Zip Code 32801

STAMP, MARTIN F.
201 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO FL 32801

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 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LANGSTON, HERBERT A.
STREET ADDRESS 1330 BOYER ST.
CITY, ST, ZIP LONGWOOD FL 32750

TITLE VT
NAME HESS, JAMES M.
STREET ADDRESS 737 KAYWOOD DRIVE
CITY, ST, ZIP ORLANDO FL 32825

TITLE S
NAME BOLTON, BRIAN B.
STREET ADDRESS 1629 WOOD DUCK DRIVE
CITY, ST, ZIP WINTER SPRINGS FL 32708

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(2)(k), Florida Statutes. I further certify that the information indicated on the 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 amendment with an addition.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICIAL OF FIDELITY DIRECTOR

4/3/95 467-629-4323
Date (Signature)