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 APR 28 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28263 (4)

1. Corporation Name
AKERMAN, SENTERFITT & EIDSON, P.A.

Principal Place of Business	Mailing Address
255 S ORANGE AVE 17TH FLOOR ORLANDO FL 32801	255 S ORANGE AVE 17TH FLOOR ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1992
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3117860 ☐ 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

MARTIN, WILLIAM C III
C/O AKERMAN, SENTERFITT & EIDSON PA
255 S ORANGE AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Gregory A. Presnell
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip Code:

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MARTIN, WILLIAM C III	1.2 NAME		
STREET ADDRESS	6091 MASTERS BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	SCHUETTE, CHARLES A	2.2 NAME		
STREET ADDRESS	2901 S BAYSHORE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	RODDENBERRY, STEPHEN K	3.2 NAME	Martha A. Hartley	
STREET ADDRESS	14140 SW 69TH AVE	3.3 STREET ADDRESS	520 Richmond Street	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Orlando, FL	
TITLE	DVP	4.1 TITLE		☐ Change ☐ Addition
NAME	HERRON, MARK	4.2 NAME		
STREET ADDRESS	503 NORTH RID	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	DTV	5.1 TITLE		☐ Change ☐ Addition
NAME	PRESNELL, GREGORY A	5.2 NAME		
STREET ADDRESS	1748 LAKE ROBERTS CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	5.4 CITY-ST-ZIP		
TITLE	DVP	6.1 TITLE		☐ Change ☐ Addition
NAME	WAKSHLAG, STANLEY H	6.2 NAME		
STREET ADDRESS	6505 SW 131 ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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 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: _____ 4/17/95 (407) 843-7860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084080 CP