# 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 MAY -1 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33003 (7)

1. Corporate Name
MEIGS O'CONNOR RICKS INC.

Principal Place of Business
21 MIRACLE STRIP PARKWAY
FT. WALTON BCH. FL 32548

Mailing Address
21 MIRACLE STRIP PARKWAY
FT. WALTON BCH. FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1992
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-3122844 — 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
O'CONNOR RANDALL J.
1700 OSCEOLA BAY AVE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent
81 Name
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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19 | |
|---|---|---|---|
| 01 Title | DVTS | 1. Title | ☐ Change ☐ Addition |
| NAME | O'CONNOR, RANDALL J. | 2. NAME | |
| STREET ADDRESS | 1700 OSCEOLA BAY AVE | 3. STREET ADDRESS | |
| CITY, ST, ZIP | NICEVILLE FL | 4. CITY, ST, ZIP | |
| 02 Title | DP | 5. Title | ☐ Change ☐ Addition |
| NAME | O'CONNOR, DAWN | 6. NAME | |
| STREET ADDRESS | 1700 OSCEOLA BAY AVE | 7. STREET ADDRESS | |
| CITY, ST, ZIP | NICEVILLE FL | 8. CITY, ST, ZIP | |
| 03 Title | DV | 9. Title | ☒ Change ☐ Addition |
| NAME | MEIGS, WILLIAM WARREN,JR | 10. NAME | Delete |
| STREET ADDRESS | 1100 BEACH VIEW DR. | 11. STREET ADDRESS | |
| CITY, ST, ZIP | FT. WALTON BCH. FL | 12. CITY, ST, ZIP | |
| 04 Title | DV | 13. Title | ☒ Change ☐ Addition |
| NAME | POTTER, JUDY RICKS | 14. NAME | Ricks, Judy |
| STREET ADDRESS | 36 ANASTASIA DR. | 15. STREET ADDRESS | 501 W Miracle Strip Pky |
| CITY, ST, ZIP | FT. WALTON BCH. FL | 16. CITY, ST, ZIP | Mary Esther, FL 32569 |
| 05 Title | | 17. Title | ☐ Change ☐ Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY, ST, ZIP | | 20. CITY, ST, ZIP | |
| 06 Title | | 21. Title | ☐ Change ☐ Addition |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY, ST, ZIP | | 24. CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(ii), 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 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 attached sheet with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 904/244-5549
Date — Daytime Phone

0380621 CP