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 18 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V58928 (5)

1. Corporation Name
BURGESS, HARRELL, MANCUSO & OLSON, P.A.

Principal Place of Business	Mailing Address
2033 MAIN ST. SUITE 300 SARASOTA FL 34237 US	2033 MAIN ST. SUITE 300 SARASOTA FL 34237 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1992
3a. Date of Last Report: 01/24/1994
4. FEI Number: 65-0352688 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HARRELL, DONALD J
2033 MAIN ST.
SUITE 300
SARASOTA FL 34237

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 ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BURGESS, JAMES H JR.	12 NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 300	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	HARRELL, DONALD J	22 NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 300	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	24 CITY-ST-ZIP	
TITLE	VATD	31 TITLE	☐ Change ☐ Addition
NAME	MANCUSO, LYNETTE R	32 NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 300	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	34 CITY-ST-ZIP	
TITLE	VTSD	41 TITLE	☐ Change ☐ Addition
NAME	OLSON, PAUL E	42 NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 300	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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: Donald J Harrell 1/12/95 813 366-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Donald J Harrell, Vice President — Date — Daytime Phone #

0343027 CP