FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

5/1/95 B

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

APPROVED AND FILED

95 MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61207 (9)

1. Corporate Name
WILLIAM D. AIKEN, P.A.

Principal Place of Business	Mailing Address
2511 PARK STREET LAKE WORTH FL 33460	2511 PARK STREET LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1992
3a. Date of Last Report: 04/22/1994

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: 65-0346818 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc
27 Suite, Apt. #, etc
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip
25 County
29 Zip
30 County
8. This corporation has ability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AIKEN, WILLIAM D. 2511 PARK STREET LAKE WORTH,F L 33460	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: (Signature of new registered agent, if changed) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	AIKEN, WILLIAM D.	12 NAME	
STREET ADDRESS	2511 PARK STREET	13 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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)(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 1, 11 or Block 14 if changed, or on an attachment with an asterisk.

SIGNATURE: William D. Aiken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
DATE

407-547-8002
Daytime Phone #

0269032 CP