

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:19

DOCUMENT # **V19396** (3)

1. Corporation Name  
**RAMSEY AND MORROW, P.A.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 6529 HWY 441 S LEESBURG FL 34788 US	Mailing Address 8529 HIGHWAY 441 SOUTH LEESBURG FL 34788 US
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3. Date Incorporated or Qualified <b>03/05/1992</b>	3a. Date of Last Report <b>01/25/1994</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-3108105</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30

9. Name and Address of Current Registered Agent <b>RAMSEY, DENNIS F., JR. 8529 HIGHWAY 441 SOUTH LEESBURG FL 34788</b>		10. Name and Address of New Registered Agent	
B1	Name	B5	Zip Code
B2	Street Address (P.O. Box Number is Not Acceptable)		
B3			
B4	City	<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMSEY, DENNIS F., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>33025 LITTLE HAMPTON CT</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>SORRENTO FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, MARK A.</b>	2.2 NAME	<b>MR. MORROW IS NO LONGER A DIRECTOR, PLEASE DELETE HIM.</b>
STREET ADDRESS	<b>165 W JESSUP AVE.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>LONGWOOD FL</b>	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 19.076(8), 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: Dennis F. Ramsey, Jr. - DENNIS F. RAMSEY, JR. 1-11-95 94-326-440