

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G07642 (3)**

1. Corporation Name
HUMPHREY & KNOTT, P.A.



Principal Place of Business
**% JAMES T. HUMPHREY
1625 HENDRY ST., S-301 - P.O. BOX 2449
FORT MYERS FL 33902
US**

Mailing Address
**% JAMES T. HUMPHREY
1625 HENDRY ST., S-301 - P.O. BOX 2449
FORT MYERS FL 33902
US**

3. Date Incorporated or Qualified
11/01/1982

3a. Date of Last Report
04/17/1995

4. FEI Number
59-2228541

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**HUMPHREY, JAMES T.
1625 HENDRY ST., S-301
FORT MYERS FL 33901**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	DP	HUMPHREY, JAMES T	1625 HENDRY ST, S-301 FT MYERS FL 33901	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	DV	CONSOER, GEORGE L.	1625 HENDRY ST, S-301 FT MYERS FL 33901	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	DS	KNOTT, GEORGE H.	1625 HENDRY ST., S-301 FT. MYERS FL 33901	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	DT	EBELINI, MARK A.	1625 HENDRY ST., S-301 FT. MYERS FL 33901	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	ATD	HART, THOMAS B	1625 HENDRY STREET, S-301 FT. MYERS FL 33901	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	ASD	BUTLER, GAREY F	1625 HENDRY STREET, S-301 FT. MYERS FL 33901	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/Assistant Vice President	☐ Change ☒ Addition
1.2 NAME	Horowitz, Mark A.	
1.3 STREET ADDRESS	1625 Hendry St., Suite 301	
1.4 CITY-ST-ZIP	Fort Myers, FL 33901	☐ Change ☐ Addition
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

Garey F. Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Garey F. Butler, Assistant Secretary

04/16/96
Date

(941) 334-2722
Daytime Phone #

CR2E034 (12/95)