

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J06267 (5)

1. Corporation Name

CORRY, AKER & EDINGER, O.D., P.A.



Principal Place of Business

% JAMES E. CORRY, JR.  
470 HARRISON AVE.  
PANAMA CITY FL 32401

Mailing Address

% JAMES E. CORRY, JR.  
470 HARRISON AVE.  
PANAMA CITY FL 32401

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified  
03/24/1986

3a. Date of Last Report  
03/17/1995

4. FEI Number

59-2657206

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORRY, JAMES E., JR.  
470 HARRISON AVE.  
PANAMA CITY FL 32401

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 607.1506, 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 in the space below

(If FEI, Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME CORRY, JAMES E., JR.  
STREET ADDRESS 90 KENTUCKY AVE.  
CITY-ST-ZIP LYNN HAVEN FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DST ☐ DELETE  
NAME AKER, ANTHONY L.  
STREET ADDRESS 1911 TYNDALL DR  
CITY-ST-ZIP PANAMA CITY FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME EDINGER, DAVID J.  
STREET ADDRESS 4500 CRESTBROOK  
CITY-ST-ZIP PANAMA CITY FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

600001862526  
-06/14/96--01071--031  
\*\*\*200.00

5/1/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Law

00296 Phone #

CR2E034 (12/95)