

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 # P95000058309 (2)

1. Corporation Name

THOMAS A. KISKA, D.C., P.A.



Principal Place of Business

119 9TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address

119 9TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified
08/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 440-A Third Street
Suite, Apt. #, etc.

26 440 Third Street
Suite, Apt. #, etc.

4. FEI Number

59-332-8684

Applied For

Not Applicable

22 City & State

27 City & State

23 Neptune Bch, FL.
Zip Country

28 Neptune Bch, FL.
Zip Country

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

KISKA, THOMAS A
119 9TH AVENUE SOUTH
JACKSONVILLE FL 32250

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 D
NAME KISKA, THOMAS A D.C.
STREET ADDRESS 119 9TH AVENUE SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

249-5999

Daytime Phone

CR2E034 (12/95)