

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

APPROVED
AND
FILED

95 APR 28 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V28263** (4)

1. Corporation Name

AKERMAN, SENTERFITT & EIDSON, P.A.

Principal Place of Business

**255 S ORANGE AVE
17TH FLOOR
ORLANDO FL 32801**

Mailing Address

**255 S ORANGE AVE
17TH FLOOR
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/01/1992

3a. Date of Last Report

03/17/1994

4. FEI Number

59-3117860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, WILLIAM C III
C/O AKERMAN, SENTERFITT & EIDSON PA
255 S ORANGE AVE
ORLANDO FL 32801**

81 Name

Gregory A. Presnell

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

Gregory A. Presnell
Signature, type or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MARTIN, WILLIAM C III**
STREET ADDRESS **6091 MASTERS BLVD**
CITY - ST - ZIP **ORLANDO FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D ☒ Change ☐ Addition

TITLE **D**
NAME **SCHUETTE, CHARLES A**
STREET ADDRESS **2901 S BAYSHORE DRIVE**
CITY - ST - ZIP **COCONUT GROVE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D/P ☒ Change ☐ Addition

TITLE **D**
NAME **RODENBERRY, STEPHEN K**
STREET ADDRESS **14140 SW 69TH AVE**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

D ☒ Change ☐ Addition

TITLE **DVP**
NAME **HERRON, MARK**
STREET ADDRESS **503 NORTH RID**
CITY - ST - ZIP **TALLAHASSEE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **DTV**
NAME **PRESNELL, GREGORY A**
STREET ADDRESS **1748 LAKE ROBERTS CT**
CITY - ST - ZIP **WINDERMERE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **DVP**
NAME **WAKSHLAG, STANLEY H**
STREET ADDRESS **6505 SW 131 ST**
CITY - ST - ZIP **MIAMI FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Gregory A. Presnell
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95 (407) 843-7860

Date

Daytime Phone #