

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 # 692654

(7)

1. Corporation Name

LYONS AND FARRAR, P.A.



Principal Place of Business

201 ALHAMBRA CIR
#711
CORAL GABLES FL 33134
US

Mailing Address

201 ALHAMBRA CIR
#711
CORAL GABLES FL 33134
US

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

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/01/1981

3a. Date of Last Report

01/19/1995

4. FEI Number

59-2104700

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

10. Name and Address of New Registered Agent

LYONS, MARSHA L
201 ALHAMBRA CIR
#711
CORAL GABLES FL 33134

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

(Print or Type name of person who signed this report on the Main page)

(Print: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

DP
FARRAR, CHARLES O JR
9249 SW 69TH CT
MIAMI FL

☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

DST
LYONS, MARSHA L
3341 POINCIANA AVE
COCONUT GROVE FL

☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

V
LYONS, MARSHA L
3341 POINCIANA AVE
COCONUT GROVE FL

☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

3093 O'BRIEN DRIVE
TALLAHASSEE, FL 32308

☒ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

3093 O'BRIEN DRIVE
TALLAHASSEE, FL 32308

☒ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

☐ Change ☐ Addition

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13.4 CITY - ST - ZIP

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 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 this 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, and is not attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 8055671720
Date Daytime Phone #

CR2E034 (12/95)