

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 # 605097 (5)

1. Corporation Name

HENRY, BUCHANAN, MICK, HUDSON & SUBER, P.A.



Principal Place of Business

117 S. GADSDEN STREET
TALLAHASSEE FL 32301

Mailing Address

P.O. DRAWER 1049
TALLAHASSEE FL 32302
US

3. Date Incorporated or Qualified

03/29/1974

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1519396

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

BUCHANAN, JOHN D JR
117 S. GADSDEN ST.
TALLAHASSEE FL 32301

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 PD
NAME BUCHANAN, JOHN D JR
STREET ADDRESS 117 SOUTH GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE VD
NAME SUBER, JESSE F
STREET ADDRESS 117 SOUTH GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE SD
NAME MICK, ROBERT A
STREET ADDRESS 117 SOUTH GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

TITLE VD
NAME HUDSON, EDWIN R
STREET ADDRESS 117 SOUTH GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE VDS ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE 600001812588 ☐ Change ☐ Addition
3.2 NAME -05/08/96--01010--009
3.3 STREET ADDRESS ***200.00
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 VD ☐ Change ☒ Addition
5.2 NAME HARRIET W. WILLIAMS
5.3 STREET ADDRESS 117 SOUTH GADSDEN ST
5.4 CITY-ST-ZIP TALLAHASSEE FL 32301

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

904-222-2920

Daytime Phone #

CR2E034 (12/95)