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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000031603 (2)

1. Corporation Name
GARY GERRARD, P.A.



Principal Place of Business Mailing Address
2015 SEGOVIA ST - 219 Gilmer St. 2015 SEGOVIA ST P.O. Box 542
CORAL GABLES FL 33143 Lexington, GA CORAL GABLES FL 33134-8334 Lexington, GA
US 30648 US 30648

2. Principal Place of Business 2a. Mailing Address
21 219 Gilmer St. 26 P.O. Box 542
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Lexington, GA 28 Lexington, GA
Zip Country USA Zip Country
24 30648 25 30648 29 30648 30 USA
3. Date Incorporated or Qualified 3a. Date of Last Report
04/30/1993 05/24/1996
4. FEI Number Applied For
65-0407128 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
GERRARD, GARY Denise V. Powers
2015 SEGOVIA ST 219 Gilmer
CORAL GABLES FL 33143
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
219 Gilmer St 300 Aragon Ave
83 Suite 250
84 City Lexington, GA Coral Gables FL 85 Zip Code 33134
30648

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 reinstalling) DATE 1/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	DPST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRARD, GARY	1.2 NAME	Gary Gerrard
STREET ADDRESS	2015 SEGOVIA ST	1.3 STREET ADDRESS	219 Gilmer St.
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	Lexington, GA 30648
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)