

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601038

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC0940907180**

**Entity Name:** COLSON HICKS EIDSON, P.A.

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE  
PENTHOUSE  
CORAL GABLES, FL 33134-7414

**Current Mailing Address:**

P O BOX 141108  
CORAL GABLES, FL 33114 US

**FEI Number:** 59-1261170

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EIDSON, LEWIS SJR  
255 ALHAMBRA CIRCLE  
PENTHOUSE  
CORAL GABLES, FL 33134-7414 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            EIDSON, LEWIS SJR  
Address        255 ALHAMBRA CIRCLE, PENTHOUSE  
  
City-State-Zip: CORAL GABLES FL 33134-7414

Title            VPST  
Name            COLSON, DEAN C  
Address        255 ALHAMBRA CIRCLE, PENTHOUSE  
  
City-State-Zip: CORAL GABLES FL 33134-7414

Title            D  
Name            MARTINEZ, ROBERTO  
Address        255 ALHAMBRA CIRCLE, PENTHOUSE  
  
City-State-Zip: CORAL GABLES FL 33134-7414

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEAN C. COLSON

**VICE PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date