

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602017

**Entity Name:** ALLEN, NORTON & BLUE, P.A.

**Current Principal Place of Business:**

121 MAJORCA  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 MAJORCA  
CORAL GABLES, FL 33134

**FEI Number:** 59-1287650

**Certificate of Status Desired:** No

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

NORTON, ROBERT L.  
121 MAJORCA  
CORAL GABLES, FL 33134 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 PD  
Name NORTON, ROBERT L.  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title ASVP  
Name GOMEZ, RODOLFO  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name SAMPO, PETER L  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title DV  
Name NORTON, SUSAN P  
Address 121 MOJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title SVP  
Name LEVITT, MARK E  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title TVPD  
Name HELSBY, WAYNE L  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title V.P.  
Name GROGAN, MICHAEL K  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title V.P.  
Name SOKOLOW, DENA  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

**Continues on page 2**

*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: ROBERT L. NORTON**

**PRESIDENT**

**01/07/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title V.P.  
Name LARKIN, ROBERT E III  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title V.P.  
Name FLIK, YORK M  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title V.P.  
Name KOJI, BRIAN W  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title V.P.  
Name EVANS, ROBERT W.  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title V.P.  
Name STEFANY, DAVID J  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name MATTIMORE, MICHAEL  
Address 121 MAJORCA  
City-State-Zip: CORAL GABLES FL 33134