#### 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602017

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

#### **Current Principal Place of Business:**

121 MAJORCA AVENUE CORAL GABLES, FL 33134

#### **Current Mailing Address:**

121 MAJORCA AVENUE CORAL GABLES, FL 33134 US

## FEI Number: 59-1287650

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

NORTON, ROBERT L. 121 MAJORCA AVENUE CORAL GABLES, FL 33134 US

# FILED Jan 12, 2018 Secretary of State CC5877984320

Date

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	PD	Title	DV
Name	NORTON, ROBERT L.	Name	NORTON, SUSAN P
Address	121 MAJORCA AVENUE	Address	121 MAJORCA AVENUE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	SVP	Title	TVPD
Name	LEVITT, MARK E	Name	HELSBY, WAYNE L
Address	121 MAJORCA	Address	121 MAJORCA AVENUE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	V.P.	Title	V.P.
Title Name	V.P. LARKIN, ROBERT E III	Title Name	V.P. EVANS, ROBERT W.
Name	LARKIN, ROBERT E III 121 MAJORCA	Name	EVANS, ROBERT W. 121 MAJORCA
Name Address	LARKIN, ROBERT E III 121 MAJORCA	Name Address	EVANS, ROBERT W. 121 MAJORCA
Name Address City-State-Zip:	LARKIN, ROBERT E III 121 MAJORCA CORAL GABLES FL 33134	Name Address City-State-Zip:	EVANS, ROBERT W. 121 MAJORCA CORAL GABLES FL 33134
Name Address City-State-Zip: Title	LARKIN, ROBERT E III 121 MAJORCA CORAL GABLES FL 33134 V.P.	Name Address City-State-Zip: Title	EVANS, ROBERT W. 121 MAJORCA CORAL GABLES FL 33134 V.P.
Name Address City-State-Zip: Title Name	LARKIN, ROBERT E III 121 MAJORCA CORAL GABLES FL 33134 V.P. FLIK, YORK M 121 MAJORCA	Name Address City-State-Zip: Title Name	EVANS, ROBERT W. 121 MAJORCA CORAL GABLES FL 33134 V.P. STEFANY, DAVID J 121 MAJORCA

## 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

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

Title	V.P.	Title	VP/D
Name	KOJI, BRIAN W	Name	MATTIMORE, MICHAEL
Address	121 MAJORCA	Address	121 MAJORCA
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	VP	Title	VP
Name	SAVAGE, LUKE	Name	VAIL, JASON
Address	121 MAJORCA	Address	121 MAJORCA
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	VP	Title	V.P.
Name	KELLY, SHANNON	Name	BONFANTI, MARK L
Address	121 MAJORCA AVENUE	Address	121 MAJORCA AVENUE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	A.P.		

Address	121 MAJORCA AVENUE	

Name

MCKNIGHT, AVERY D

City-State-Zip: CORAL GABLES FL 33134