

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55029

Entity Name: MESSER CAPARELLO, P.A.

Current Principal Place of Business:

2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32317

Current Mailing Address:

P.O. BOX 15579
TALLAHASSEE, FL 32317

FEI Number: 59-2921100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HORTON, NORMAN H JR.
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32317 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 D, CHAIRMAN
Name CAPARELLO, DOMINIC M
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317

Title DS, VC
Name HORTON, NORMAN H JR.
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317

Title D, PRESIDENT
Name FINDLEY, THOMAS M
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317

Title D, VP
Name GIMBLE , ALBERT T
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name DEAN, JAMES J
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name HERRON, MARK
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name HARRIS, BOB L
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name TELFER, ROBERT J III
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317

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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: NORMAN H HORTON JR

SECRETARY

04/06/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR, VP
Name DILLON, WILLIAM P
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name WARFEL, TIMOTHY J
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32317