

F.A.E NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **553287**

(4)

NC1-15-96

1. Corporation Name

~~ANDERSON, MURPHY & O'HARA, P.A.~~

HARRY K. ANDERSON, JR., P.A.

Principal Place of Business

Mailing Address

~~200 E ROBINSON ST~~
~~STE 555~~
~~ORLANDO FL 32801~~
~~40~~

~~200 E ROBINSON ST~~
~~STE 555~~
~~ORLANDO FL 32801~~
~~40~~



2. Principal Place of Business

2a. Mailing Address

21 225 E. Robinson Street

26 Post Office Box 533839

22 Suite, Apt. #, etc.
505 - Landmark Ctr. II

27 Suite, Apt. #, etc.

23 City & State
Orlando, Florida

28 City & State
Orlando, Florida

24 Zip Country
32801 Orange

29 Zip Country
32853-3839 Orange

3. Date Incorporated or Qualified
12/01/1977

3a. Date of Last Report
04/25/1995

4. FEI Number
59-1778885

Applied For
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

ANDERSON, HARRY K., JR.
200 E ROBINSON ST
STE 555
ORLANDO FL 32801

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
225 E. Robinson Street
83 Suite 505, Landmark Center II
84 City
Orlando FL 85 Zip Code
32801

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PD
ANDERSON, HARRY K, JR
STREET ADDRESS
200 E ROBINSON ST STE 555
CITY-ST-ZIP
ORLANDO-FL

TITLE ☒ DELETE

NAME
~~VF~~
MURPHY, J. BOETT
STREET ADDRESS
200 E ROBINSON ST STE 555
CITY-ST-ZIP
ORLANDO-FL

TITLE ☒ DELETE

NAME
~~VS~~
O'HARA, KEVIN T.
STREET ADDRESS
200 E ROBINSON ST STE 555
CITY-ST-ZIP
ORLANDO-FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

225 E. Robinson St., Ste 505, Landmark II
Orlando, Florida 32801

100001793841
-04/25/96--01015--042

***200.00

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

SIGNATURE:

Harry K. Anderson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 (407) 422-1781

Date

Daytime Phone #

CR2E034 (12/95)