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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

571154

(4)

DANIE	L HOUGHTON, JR., O.D.,	P.A.						
Principal Place of Business Mailing Address							i Biği Çibil Bib il Çiğil Çiğ	HI BIBII BIBII IDDI
32 BAY DRIVE NE FORT WALTON BEACH FL ¢5 48 US 132 BAY DRIVE NE FORT WALTON BEACH FL ¢5 US				€5 48				
	U\$				3. Date incorporated or Qualified 05/01/1978	3a. Date of Last F 02/16/19		
2. Principal Place of Business 2a. Mailing Addre			SS			4. FEI Number 59-1816937		Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						29-19 10937		Not Applicable
22			T H, UKA			5. Certificate of Status Desired		5 Additional Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution	1 1	ed to Fees
Ziρ	Country	Zip	Cou	intry		8. This corporation has liability for		199.032,
24	9. Name and Address of Curre	29 Againtered Agent	30	r			□ No	
	g, Name and Address of Curre	it negistered Agent		81	Name	10. Name and Address of New F	legistered Agent	
MHIFR	, J JEROME J							
415 MOUNTAIN DR.				82	Street Address (P.Ö. Box Number is Not Acceptable)			
SUITE &				83			···	
DESTIN	FL 32541			84	City		las I 7	
					,	ration submits this statement for the pur		ip Code
familiar wit	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec Signature, byted or ported have of registered agent	tion 607.0505, Florida Statutes	S.			and of directors. Thereby accept the app	Dintment as registere.	d agent. I am
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DRS IN 12
TITLE	PD	☐ DELETE	1 1 1	I TUE			☐ Change	☐ Addition
NAME	HOUGHTON, DANIEL JR		1 2 N	1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	32 BAY DRIVE, N.E.	• 40	135					
CITY-ST-ZIP TITLE	FT. WALTON BEACH FL 32	DELETE	140		T - Z.P		C 65	
NAME				? 1 TiTLE ? 2 NAME			Change	☐ Addition
STREET ADDRESS					ADDRESS			
CITY - ST-ZIP			240					
THLE		☐ DELETE	3 1 TITLE		1 211		[] Change	Addition
NAME			3 2 N/	AME.				
STREET ADDRESS			3 3 S	*REET	ADORESS			
CITY-ST-ZiP			3 4 CI	TY - S	T - ZIP			
TITLE		DELETE	4 1 7				☐ Change	☐ Addition
NAME			4 2 N/					
STREET ADDRESS					ADORESS			
CITY-ST-ZIP				4.4 CITY - ST - ZIP			[] (h	53 Addition
TITLE NAME			5 1 TIFLE 5 2 NAME				☐ Change	Addition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			a de					
TITLE			54 C/T DELETE 6 1 T/T		- 1	PART - PARAMETER	Change	Addit on
NAME			6 2 N/				— — — — — — — — — — — — — — — — — — —	
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP			6 4 CI					
14. I do hereby	y certify that the information supplied	with this fring is voluntarily furn				for the exemption stated in Section 119.	(.7(3)(k), Florida Statu	tos. I further

1. Full heavy certify that the information supplied with this lining is voluntarily turnished and does not quality for the exemption stated in Section 119.7.(3)(i). Florida Statutes Turther certify that the information indicated on this amusi report as supplemental amusi 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:

MATURE AND TWEE OR PRINTED NAME OF DIGNAL OPPOSE OR DIRECTOR

4/19/96 (904)244-1221

R2E034 (12/95)