

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 27 PM 3: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601038 (3)

1. Corporation Name

**COLSON, HICKS, EIDSON, COLSON, MATTHEWS & GAMBA,
P.A.**

Principal Place of Business

**200 S. BISCAYNE BLVD., FLOOR 47
S.E. FINANCIAL CENTER
MIAMI FL 33131-8310**

Mailing Address

**200 S. BISCAYNE BLVD., FLOOR 47
S.E. FINANCIAL CENTER
MIAMI FL 33131-8310**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1969

3a. Date of Last Report

03/15/1994

4. FEI Number

59-1261170

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

29. Zip

Country

9. Name and Address of Current Registered Agent

**HICKS, WILLIAM
200 S BISCAYNE BLVD 47TH FL
MIAMI FL 33131-8310**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 their address.

NOTE: Registered Agent: signature required when filing.

2/17/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	LEWIS S. EIDSON	200 S. BISCAYNE BLVD	MIAMI FL
VPS	DEAN C. COLSON	200 S. BISCAYNE BLVD	MIAMI FL
TD	DEAN C. COLSON	200 S. BISCAYNE BLVD.	MIAMI FL
VP	COLSON, BILL	200 S BISCAYNE BLVD	MIAMI FL
VP	HICKS, WILLIAM M	200 S BISCAYNE BLVD	MIAMI FL
VP	MATTHEWS, JOSEPH	200 S BISCAYNE BLVD	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not equally for the exemptions stated in Sections 119.07(2)(b), 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 owner 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 or both, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95 (305) 373-5400