

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 601140 (7)

1. Corporation Name

LEVIN, MIDDLEBROOKS, MABIE, THOMAS, MAYES & MITC
HELL, P.A.



Principal Place of Business

Mailing Address

226 SOUTH PALAFOX STREET
P.O. BOX 12308
PENSACOLA FL 32581

226 SOUTH PALAFOX STREET
P.O. BOX 12308
PENSACOLA FL 32581

3. Date Incorporated or Qualified
06/26/1969

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 316 S. BAYLEN STREET

26 316 S. BAYLEN STREET

4. FEI Number
59-1266412

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. BOX 12308

27 P.O. BOX 12308

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

23 PENSACOLA, FLORIDA

28 PENSACOLA, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32581

25 USA

29 32581

30 USA

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

LOGAN, C. FLACK
226 SOUTH PALAFOX PLACE
PENSACOLA FL 32501

81 Name
LOGAN, C. FLACK

82 Street Address (P.O. Box Number is Not Acceptable)
316 S. BAYLEN STREET

83

84 City
PENSACOLA

85 Zip Code
FL 32501

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 P ☐ DELETE
NAME LEVIN, FREDERIC G.
STREET ADDRESS 226 SOUTH PALAFOX
CITY-ST-ZIP PENSACOLA FL

1 1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME THOMAS, LEO A.
STREET ADDRESS 226 SOUTH PALAFOX
CITY-ST-ZIP PENSACOLA FL

2 1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: FREDRIC G. LEVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Daytime Phone #

CR2E034 (12/95)