

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 # 601659 (6)

1. Corporation Name

BABERS, LORE & ASSOCIATES, P.A.

Principal Place of Business

1201 NW 64TH TERR
GAINESVILLE FL 32605

Mailing Address

1201 NW 64TH TERR
GAINESVILLE FL 32605



3. Date Incorporated or Qualified

11/06/1969

3a. Date of Last Report

02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LORE, CHARLES E
1201 NW 64TH TERR
GAINESVILLE FL 32605

4. FEI Number

59-1274176

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

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 director

(If D/E Registered Agent signature required, please attach)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
LORE, CHARLES E
STREET ADDRESS
1201 NW 64TH TERR
CITY - ST - ZIP
GAINESVILLE, FL 00000

TITLE ☐ DELETE

NAME
S
JENKINS, D ORVIN
STREET ADDRESS
1201 NW 64TH TERR
CITY - ST - ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
D
GROOMS, GARY A.
STREET ADDRESS
1201 NW 64TH TERR.
CITY - ST - ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
D
MCDONALD, ANTHONY P.
STREET ADDRESS
1201 NW 64TH TERR.
CITY - ST - ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
T
HINTERMISTER, CANDACE H.
STREET ADDRESS
1201 NW 64TH TERR.
CITY - ST - ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone

CR2E034 (12/95)