

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 603629

(7)

1. Corporation Name

THOMAS A. SPEER, P.A.



Principal Place of Business

113 1/2 MAGNOLIA AVE
P.O. BOX 1364
SANFORD FL 32771

Mailing Address

113 1/2 MAGNOLIA AVE
P.O. BOX 1364
SANFORD FL 32771

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SPEER, THOMAS A.
113 MAGNOLIA AVENUE
SANFORD FL 32771

3. Date Incorporated or Qualified

06/30/1972

3a. Date of Last Report

01/13/1995

4. FEI Number

59-1402423

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 607.0601 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person filing this report

Signature of the person filing this report

(b)(1)

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY, ST, ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY, ST, ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY, ST, ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY, ST, ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY, ST, ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY, ST, ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY, ST, ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY, ST, ZIP

1.37 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY, ST, ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY, ST, ZIP

1.13 TITLE

1.14 NAME

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1.28 CITY, ST, ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY, ST, ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY, ST, ZIP

1.37 TITLE

SIGNATURE:

Thomas A. Speer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Speer, President/Secretary-Treasurer

1/17/96

(407) 322-0681

Date

Digitally Signed

CR2E034 (12/95)