

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 630991 (8)

1. Corporation Name

SHELTON-THOMPSON-VON SICK, P.A.



Principal Place of Business

5636 GRAND BLVD
NEW PORT RICHEY FL 34652
US

Mailing Address

6645 RIDGE ROAD, SUITE ONE
PORT RICHEY FL 34668

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TORRENCE, ALFRED W, JR
6645 RIDGE ROAD, SUITE ONE
PORT RICHEY FL 34668

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

07/27/1979

3a. Date of Last Report

04/19/1995

4. FEI Number

59-1939028

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

11. Pursuant to the provisions of Sections 607.0002 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person authorized to change the corporation's registered office or registered agent, or both, in the State of Florida.

Signature of the person authorized to change the corporation's registered office or registered agent, or both, in the State of Florida.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHELTON, DAVID G.	
STREET ADDRESS	5521 BOWLINE BEND	
CITY-STATE-ZIP	NEW PORT RICHEY FL	
TITLE	STD	☐ DELETE
NAME	THOMPSON, DAVID W.	
STREET ADDRESS	6120 CALIBER COURT	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	☐ DELETE
NAME	VON SICK, WILLIAM III	
STREET ADDRESS	7130 PARK DRIVE	
CITY-STATE-ZIP	NEW PORT RICHEY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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:

David G. Shelton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. SHELTON

3-22-96 (813) 847-5360

DATE TELEPHONE

CR2E034 (12/95)