

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 633627 (5)

1. Corporation Name

MOWREY & NEWMAN, P.A.



Principal Place of Business

% RONALD A. MOWREY
515 NORTH ADAMS ST.
TALLAHASSEE FL 32301

Mailing Address

% RONALD A. MOWREY
515 NORTH ADAMS ST.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
08/24/1979

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

21. 515 N. ADAMS ST.

2a. Mailing Address

26. SAME

22. Suite, Apt. #, etc.

23. Tallahassee

City & State

24. FL

25. 32301

Country

27. Suite, Apt. #, etc.

28. Tallahassee

City & State

29. FL

30. 32301

Country

4. FET Number
59-1939651

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

9. Name and Address of Current Registered Agent

MOWREY, RONALD A.
515 NORTH ADAMS ST.
TALLAHASSEE FL 32301

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 607.0402 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Address)

Signature of Registered Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

9. TITLE

10. NAME

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