

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 659889 (0)

1. Corporation Name

R. EARL WARREN, P.A.

Principal Place of Business

359 W DEARBORN ST  
PO BOX 1207  
ENGLEWOOD FL 34295-8207

Mailing Address

359 W DEARBORN ST  
PO BOX 1207  
ENGLEWOOD FL 34295-1207

3. Date Incorporated or Qualified

03/20/1980

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

21

Suite Apt. # etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite Apt. # etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1982669

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

WARREN, EARL R  
359 W DEARBORN ST  
ENGLEWOOD, FL  
34223

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARREN, R. EARL	
STREET ADDRESS	1063 KEYWAY ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WARREN, SYLVIA E.	
STREET ADDRESS	1063 KEYWAY RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

R. Earl Warren, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/97

Date

(941) 474-7768

Daytime Phone #

0436803

CR2E034 (9/96)

LAW OFFICES OF  
**R. EARL WARREN, P. A.**  
359 WEST DEARBORN STREET  
P. O. BOX 1207  
ENGLEWOOD, FLORIDA 84895-1807

R. EARL WARREN

January 16, 1997



(941) 474-7768  
FAX (941) 474-7768  
E-MAIL: 78850.175@compuserve.com  
E-MAIL: lammy@netline.net

Division of Corporations  
Annual Reports Section  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: 1997 Profit Corporation Annual Report  
Document #659889  
R. Earl Warren, P.A.  
Federal Tax Identifier 59-1982669

Gentlemen:

With reference to the above corporation, enclosed please find the 1997 Profit Corporation Annual Report and a check in the amount of \$165.00.

It would be appreciated if you would acknowledge receipt of the above enclosures on the extra copy of this letter, returning it to me at your earliest convenience.

Very truly yours,

A handwritten signature in cursive script, appearing to read "R. Earl Warren".  
R. Earl Warren

REW:gsm  
Enclosure(s)