

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 672933

(9)

1. Corporation Name

LUCAS PREWETT, P.A.

Principal Place of Business

3190 EAGLES LANDING CIR W
CLEARWATER FL 34621
US

Mailing Address

3190 EAGLES LANDING CIR W
CLEARWATER FL 34621
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/07/1980

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1999898

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

2. Principal Place of Business
21 100 Pierce St.

2a. Mailing Address
26 100 Pierce St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit 1201

27 Unit 1201

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

25 Pinellas

Zip

Country

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREWETT, LUCAS
3190 EAGLES LANDING CIRCLE W
CLEARWATER FL 34621

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 title if applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
PREWETT, LUCAS
3190 EAGLES LANDING CIR W
CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
PREWETT, AGNES J.
3190 EAGLES LANDING CIR W
CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 116.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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:

Lucas Prewett

Lucas Prewett

4/25/95

813-446-1278

Signature and typed or printed name of signing officer or director

Date

Telephone Number