

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/4/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL -7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 684574

(7)

1. Corporation Name

ELLEN R. BIRK LASHLEY, P.A.

Principal Place of Business

240 W. PALMETTO PK RD 200
BOCA RATON FL 33432

Mailing Address

POST OFFICE 373
BOCA RATON FL 33429-0373
US

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

08/19/1980

3a. Date of Last Report

07/14/1994

2. Principal Place of Business

21 2263 NW 3rd Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 USA

City & State

28

Zip

29

Country

30

4. FEI Number

59-2021914

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

LASHLEY, ELLEN R BIRK
240 W. PALMETTO PK RD 200
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

83 2263 NW 3rd Ave

84 City

Boca Raton

FL

85 Zip Code

33431

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

Ellen R. Birk Lashley

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PID
LASHLEY, ELLEN R. BIRK
2263 NW 3RD AVE
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LASHLEY, ELLEN, R BIRK
2263 NW 3RD AVE
BOCA RATON 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ellen R. Birk Lashley
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

ELLEN R. BIRK LASHLEY

6-30-95

DATE

407-392-5050

TELEPHONE NUMBER

CR2E034 (3/95)