

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

FILED

May 13 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 # 690127 (6)

1. Corporation Name  
PETER D. KANTRALES, P.A.

Principal Place of Business  
6320 N DAVIS HWY #A  
PENSACOLA FL 32504

Mailing Address  
6320 N DAVIS HWY #A  
PENSACOLA FL 32504-6853



3. Date Incorporated or Qualified 06/15/1981  
3a. Date of Last Report 04/22/1996

4. FEI Number 59-2123665  
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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 28

24 25 29 30 Country

9. Name and Address of Current Registered Agent

KANTRALES, PETER D  
6320 N DAVIS HWY #A  
PENSACOLA FL 32504

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

Date

904 478-4240

Daytime Phone #

0485433

CR2E034 (9/96)