

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996/97



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90273 041 ***150.00

DOCUMENT # **697257 (4)**

1. Corporation Name

MICHAEL S. ATWOOD, P.A.

Principal Place of Business

Mailing Address

**1901 FOGARTY AVENUE
KEY WEST FL 33040**

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KEY WEST FL 33040**

3. Date Incorporated or Qualified
08/03/1981

3a. Date of Last Report
08/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3713 Winkler Ext**

4. FEI Number

59-2127196

Applied For

Not Applicable

22 City & State

27 Suite, Apt. #, etc. **#1525**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State **Ft Myers FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip **25** Country

29 Zip **33916** **30** Country **Lee**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ATWOOD, MICHAEL S.
1901 FOGARTY STREET
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

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

3713 Winkler Ext, Apt 1525

83

84 City **Ft Myers**

FL

85 Zip Code **33916**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ATWOOD, MICHAEL STEVEN**
STREET ADDRESS **1901 FOGARTY AVENUE**
CITY-ST-ZIP **KEY WEST, FL 00000**

TITLE **PST** ☐ DELETE
NAME **ATWOOD, MICHAEL STEVEN**
STREET ADDRESS **1901 FOGARTY AVENUE**
CITY-ST-ZIP **KEY WEST, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 **3713 Winkler Ext #1525**
1.4 CITY-ST-ZIP **Ft Myers, FL 33916**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3713 Winkler Ext #1525**
2.4 CITY-ST-ZIP **Ft Myers, FL 33916**

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (941) 254-6829

Date

Daytime Phone #

CR2E034 (3/96)