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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F47780** **(4)**

1. Corporation Name

EDWARD M. LIVINGSTON, P.A.

Principal Place of Business	Mailing Address
628 ELLEN DR P.O.BOX 2894 WINTER PARK FL 32790	628 ELLEN DR P.O.BOX 2894 WINTER PARK FL 32790

3. Date Incorporated or Qualified: **10/01/1981**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-2127358** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DR
WINTER PARK FL 32789

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 607.1502 and 607.1504, Florida Statutes, the above named corporation submits this Profit 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	☐ DELETE	1 TITLE ☐ Change ☐ Addition
NAME	LIVINGSTON, EDWARD M		1 NAME
STREET ADDRESS	628 ELLEN DRIVE		1 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL		1 CITY-ST-ZIP
TITLE		☐ DELETE	2 TITLE ☐ Change ☐ Addition
NAME			2 NAME
STREET ADDRESS			2 STREET ADDRESS
CITY-ST-ZIP			2 CITY-ST-ZIP
TITLE		☐ DELETE	3 TITLE ☐ Change ☐ Addition
NAME			3 NAME
STREET ADDRESS			3 STREET ADDRESS
CITY-ST-ZIP			3 CITY-ST-ZIP
TITLE		☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME			4 NAME
STREET ADDRESS			4 STREET ADDRESS
CITY-ST-ZIP			4 CITY-ST-ZIP
TITLE		☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME			5 NAME
STREET ADDRESS			5 STREET ADDRESS
CITY-ST-ZIP			5 CITY-ST-ZIP
TITLE		☐ DELETE	6 TITLE ☐ Change ☐ Addition
NAME			6 NAME
STREET ADDRESS			6 STREET ADDRESS
CITY-ST-ZIP			6 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurately furnished and 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 added by an amendment with an A in front.

SIGNATURE: Edward M. Livingston Pres 4/3/96 (407) 629-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Edward M. Livingston, President