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Jan 22 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 # **F51065** (3)
1. Corporation Name
DRS. HOLLER, HINES, ASHWOOD AND RECKSON, P.A.



Principal Place of Business Mailing Address
750 W PLYMOUTH AVE **750 W PLYMOUTH AVE**
DELAND FL 32720 **DELAND FL 32720-3282**

3. Date Incorporated or Qualified **10/23/1981** 3a. Date of Last Report **08/01/1996**
4. FEI Number **59-2131985** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution 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 **931 N. Spring Garden Ave.** 26 **same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Miller's Square** 27
City & State City & State
23 **Deland, Florida** 28
Zip Country Zip Country
24 **32720-2560** 25 **U.S.A.** 29 30

9. Name and Address of Current Registered Agent
RECKSON, CHARLES E M.D.
1780 DOOLITTLE COURT
DAYTONA BEACH FL 32124

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 *Charles E. Reckson MD* 1-13-97
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 ☐ DELETE
NAME **DT**
STREET ADDRESS **HOLLER, WILLIAM E III**
CITY-ST-ZIP **RT 6 2121 HONTOON RD**
DELAND FL 32720
TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **ASHWOOD, EDWARD L**
CITY-ST-ZIP **1010 HIGHLAND RD**
DELAND FL 32720
TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **RECKSON, CHARLES E**
CITY-ST-ZIP **1780 DOOLITTLE CT.**
DAYTONA BEACH FL 32124
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HINES, KENNETH K JR**
CITY-ST-ZIP **151 W. WINNEMISSETT**
DELAND FL 32720
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 **Secretary** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE **Executive Vice Pres.** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2160 Highland Ave.**
2.4 CITY-ST-ZIP **Deland, FL 32722**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE **Treasurer** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **150 W. Winnemissett DR.**
4.4 CITY-ST-ZIP **ZIP-32724**
5.1 TITLE **Exec. V.P.** ☐ Change ☒ Addition
5.2 NAME **JEFFREY J. BUSH**
5.3 STREET ADDRESS **2789 CONYERS Ct.**
5.4 CITY-ST-ZIP **DELTONA, FL 32728**
6.1 TITLE **Exec. V.P.** ☐ Change ☒ Addition
6.2 NAME **JOHN D. ENGELKEN**
6.3 STREET ADDRESS **527 Hemingway Ct.**
6.4 CITY-ST-ZIP **DELAND, FL 32720**

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: *Charles E. Reckson MD* 1-13-97 (904) 738-0488
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)