

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F56374** (4)

1. Corporation Name

**WARNER, FOX, SEELEY, DUNGEY & SWEET, ATTORNEYS,
P.A.**



Principal Place of Business

Mailing Address

**1100 S. FEDERAL HWY
POST OFFICE DRAWER 6
STUART FL 34995-0006**

**1100 S. FEDERAL HWY
POST OFFICE DRAWER 6
STUART FL 34995-0006**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FOX, M LANNING
1100 SOUTH FEDERAL HWY
STUART FL 34994**

3. Date Incorporated or Qualified

11/30/1981

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2140153

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

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 of person authorized to execute and file this report

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
**VPD
WARNER, THOMAS E
1730 NW RIVER TRAIL
STUART FL**

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
**VPD
FOX, M LANNING
1663 NW DOVE CT
STUART FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
**VPD
SWEET, GARY L.
1489 NW LAKESIDE TRAIL
STUART FL**

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
**PTD
DUNGEY, RICHARD J.
610 OVERLOOK DRIVE
STUART FL**

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS

64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)