

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



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

DOCUMENT # **F56683** (8)

1. Corporation Name

GALLAGHER, MIKALS & CANNON, P.A.



Principal Place of Business

Mailing Address

**50 N. LAURA ST.
SUITE 3900
JACKSONVILLE FL 32202
US**

**50 N. LAURA ST.
SUITE 3900
JACKSONVILLE FL 32202
US**

3. Date Incorporated or Qualified
11/25/1981

3a. Date of Last Report
04/10/1995

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLAGHER, DANIEL J
50 N. LAURA ST
SUITE 3900
JACKSONVILLE FL 32202**

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/print name of registered agent or director)

(NOTE: Registered Agent signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MIKALS, JOHN J.**
STREET ADDRESS **50 N. LAURA ST, SUITE 3900**
CITY - ST - ZIP **JACKSONVILLE FL**

☐ DELETE

TITLE **VTD**
NAME **GALLAGHER, DANIEL J.**
STREET ADDRESS **50 N. LAURA STREET, SUITE 3900**
CITY - ST - ZIP **JACKSONVILLE FL**

☐ DELETE

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11 TITLE
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☐ Change ☐ Addition

21 TITLE
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31 TITLE
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51 TITLE
52 NAME
53 STREET ADDRESS
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61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J Gallagher

6/6/96

353-2000