

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F69960**

1. Corporation Name

Gary L. Moyer, P.A.

Principal Place of Business

6514 Via Benita
Boca Raton, FL 33433

Mailing Address

6514 Via Benita
Boca Raton, FL 33433

3. Date Incorporated or Qualified
03/08/1982

3a. Date of Last Report

03/17/1993 1995

2. Principal Place of Business

21 10300 N.W. 11 Manor

2a. Mailing Address

26 10300 N.W. 11 Manor

4. FEI Number

59-2172535

Applied for

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Coral Springs, FL

28 Coral Springs, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33071

25

29 33071

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Moyer, Gary L.
6514 Via Benita
Boca Raton, FL 33433

81 Name

Moyer, Gary L.

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

10300 N.W. 11 Manor

83

84 City

Coral Springs

FL

85 Zip Code
33071

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 or printed name of registered agent and date of application

(NOTE: Registered Agent's signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/S/T ☐ DELETE
NAME Moyer, Gary L.
STREET ADDRESS 6514 Via Benita
CITY- ST- ZIP Boca Raton, FL

11 TITLE P/S/T ☒ Change ☐ Addition
12 NAME Moyer, Gary L.
13 STREET ADDRESS 10300 N.W. 11 Manor
14 CITY- ST- ZIP Coral Springs, FL 33071

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 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 if changed, on an attachment with an address.

SIGNATURE:

Gary L. Moyer

4.29.96

305 753 0380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)