

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:08

DOCUMENT # F89644 (1)

1. Corporation Name

SIDNEY R. GEIST, JR., P.A.

Principal Place of Business

**2170 W.HWY.434, STE.300
LONGWOOD FL 32779**

Mailing Address

**2170 W.HWY.434, STE.300
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/07/1982

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2194114

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 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEIST, SIDNEY R., JR
2170 W.HWY.434, STE.300
LONGWOOD FL 32779**

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 607.0506, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	GEIST, SIDNEY R., JR.
STREET ADDRESS	2170 W.HWY.434, STE.300
CITY, ST, ZIP	LONGWOOD FL
TITLE	D
NAME	GEIST, SIDNEY R., JR.
STREET ADDRESS	2170 W.HWY.434, STE.300
CITY, ST, ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information furnished with this filing is true and accurate and does not qualify for the exemption stated in Section 199.032(8), Florida Statutes. I further certify that the information included in this annual report or supplemental and subsequent reports 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 member or member-owned to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing as provided, or on an attachment, or in an addendum.

SIGNATURE:

Sidney R. Geist, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

Jan. 6, 1995

(407) 862-1114