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FILED
May 14 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 # F90818 (8)

1. Corporation Name
THOMAS B. DRAGE, JR., P.A.

Principal Place of Business
% THOMAS B DRAGE, JR
120 S. ORANGE AVE.
ORLANDO FL 32801-3204

Mailing Address
% THOMAS B DRAGE, JR
120 S. ORANGE AVE.
ORLANDO FL 32801-3204



2. Principal Place of Business
21 332 North Magnolia Av.
Suite, Apt. #, etc.
22
City & State
23 Orlando, FL
Zip
24 32801-1609 Country
25 Orange
26 332 North Magnolia Av.
Suite, Apt. #, etc.
27 P.O. Box 87
City & State
28 Orlando, FL
Zip
29 32802-0087 Country
30 Orange

3. Date Incorporated or Qualified 07/15/1982
3a. Date of Last Report 01/31/1996
4. FEI Number 59-2206385
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

9. Name and Address of Current Registered Agent

DRAGE, THOMAS B., JR
116 SOUTH ORANGE AVENUE
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
332 North Magnolia Av.
83
84 City Orlando FL 85 Zip Code 32801-1609

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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	DRAGE, THOMAS B JR	120 S. ORANGE AVE	ORLANDO, FL 00000
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PST,D		332 North Magnolia Av.	Orlando, FL 32801-1609
<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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: By:

THOMAS B. DRAGE, JR.

4/29/97

407/422-2454

CR2E034 (9/96)