


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 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 # F94000005219 1. Corporation Name Kelvin D. Gipson D.P.M. P.C. | | | | | |
| Principal Place of Business | | | Mailing Address | | |
| 2. Principal Place of Business 6388 Silver Star Rd. | | | 2a. Mailing Address 6388 Silver Star Rd. | | |
| 21. Suite, Apt. #, etc. Suite 2c | | | 26. Suite, Apt. #, etc. Suite 2c | | |
| 22. City & State Orlando, FL | | | 27. City & State Orlando, FL | | |
| 23. Zip 32818 | | | 28. Zip 32818 | | |
| 24. Country USA | | | 29. Country USA | | |
| 3. Date Incorporated or Qualified 10/94 | | | 3a. Date of Last Report 05/01/96 | | |
| 4. FEI Number 36-3742887 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | \$5.00 May Be Added to Fees | | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| | | | 81. Name Kelvin D. Gipson D.P.M. | | |
| | | | 82. Street Address (P.O. Box Number is Not Acceptable) 6388 Silver Star Rd. | | |
| | | | 83. Suite Suite 2C | | |
| | | | 84. City Orlando | | |
| | | | 85. Zip Code FL 32818 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | President <input type="checkbox"/> DELETE | | | | |
| NAME | Kelvin D. Gipson D.P.M. | | | | |
| STREET ADDRESS | 6388 Silver Star Rd. | | | | |
| CITY-STATE-ZIP | Orlando, FL 32818 | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 11. TITLE | | | | | |
| 12. NAME | | | | | |
| 13. STREET ADDRESS | | | | | |
| 14. CITY-STATE-ZIP | | | | | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 22. NAME | | | | | |
| 23. STREET ADDRESS | | | | | |
| 24. CITY-STATE-ZIP | | | | | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 32. NAME | | | | | |
| 33. STREET ADDRESS | | | | | |
| 34. CITY-STATE-ZIP | | | | | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 42. NAME | | | | | |
| 43. STREET ADDRESS | | | | | |
| 44. CITY-STATE-ZIP | | | | | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 52. NAME | | | | | |
| 53. STREET ADDRESS | | | | | |
| 54. CITY-STATE-ZIP | | | | | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 62. NAME | | | | | |
| 63. STREET ADDRESS | | | | | |
| 64. CITY-STATE-ZIP | | | | | |
| 500002169105 -05/07/97--01026--036 ***165.00 | | | | | |
| 14. I 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: <i>Kelvin D. Gipson</i> 4/23/97 407 521-0103 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

CR2E034 (9/96)