

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. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G48002 (1)

1. Corporation Name

KELAHER & WIELAND, P.A.



Principal Place of Business

Mailing Address

**390 N ORANGE AVE STE 1500
P O BOX 944
ORLANDO FL 32802**

**390 N ORANGE AVE STE 1500
P O BOX 944
ORLANDO FL 32802**

3. Date Incorporated or Qualified
07/08/1983

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2327338

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

10. Name and Address of New Registered Agent

**KELAHER, JAMES P. ESQ.
20 N. ORANGE AVE.
SUITE 1506
ORLANDO FL 32801**

81 Name

James P. Kelaher, Esq.

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

390 N. Orange Avenue

83

Suite 1500

84 City

Orlando

FL

85

Zip Code

32801

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 re-appointing)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP**
KELAHER, JAMES P.
 STREET ADDRESS **20 N ORANGE AVE. #1307**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **DVP**
WIELAND, GLEN D.
 STREET ADDRESS **20 N. ORANGE AVE, #1307**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 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

7/9/96

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CR2E034 (3/96)