

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G57475

(7)

1. Corporation Name

JOSEPH H. FORBES, P.A.

Principal Place of Business

**537 N.E. 1ST ST., SUITE 5
P. O. BOX 913
GAINESVILLE FL 32602**

Mailing Address

**537 N.E. 1ST ST., SUITE 5
P. O. BOX 913
GAINESVILLE FL 32602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/30/1983

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2317297

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 § 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 1810 NW 6th St

Suite, Apt. #, etc.

22 Suite C

City & State

23 Gainesville, FL

Zip

24 32609

Country

25 USA

2a. Mailing Address

26 P.O. Box 913

Suite, Apt. #, etc.

27

City & State

28 Gainesville, FL

Zip

29 32602

Country

30 USA

9. Name and Address of Current Registered Agent

**FORBES, JOSEPH H
537 NE 1ST STREET SUITE S
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name

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

1810 NW 6th St.

83

Suite C

84

Gainesville

FL

85 Zip Code

32609

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FORBES, JOSEPH H.
STREET ADDRESS	537 N.E. 1ST ST., #5
CITY - ST - ZIP	GAINESVILLE 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1810 NW 6th St., Ste. C
1.4 CITY - ST - ZIP	Gainesville, FL 32609
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 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 said 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 resigned, or on an attachment with an address.

SIGNATURE:

Joseph H. Forbes, President

4/25/95 (904) 375-4375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #