

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G57475** (7)

1. Corporation Name

JOSEPH H. FORBES, P.A.

Principal Place of Business

**1810 NW 6TH ST
STE C
GAINESVILLE FL 32609
US**

Mailing Address

**PO BOX 913
GAINESVILLE FL 32602
US**



2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

Country

29.

Country

30.

g. Name and Address of Current Registered Agent

**FORBES, JOSEPH H
1810 NW 6TH STREET
STE C
GAINESVILLE FL 32609**

3. Date Incorporated or Qualified

08/30/1983

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2317297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
FORBES, JOSEPH H.
1810 NW 6TH ST, STE C
GAINESVILLE FL**

TITLE ☐ DELETE

**PD
FORBES, JOSEPH H.
1810 NW 6TH ST, STE C
GAINESVILLE FL**

TITLE ☐ DELETE

**PD
FORBES, JOSEPH H.
1810 NW 6TH ST, STE C
GAINESVILLE FL**

TITLE ☐ DELETE

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GAINESVILLE FL**

TITLE ☐ DELETE

**PD
FORBES, JOSEPH H.
1810 NW 6TH ST, STE C
GAINESVILLE FL**

TITLE ☐ DELETE

**PD
FORBES, JOSEPH H.
1810 NW 6TH ST, STE C
GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 607, 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

1/24/96 (352) 375-4375

Date

Daytime Phone #

CR2E034 (12/95)