

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

CORPORATION
ANNUAL REPORT

1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G66531** (6)

1. Corporation Name

**MOSS, HENDERSON, VAN GAASBECK, BLANTON & KOVAL,
P.A.**

Principal Place of Business

**% GEORGE H. MOSS, II
817 BEACHLAND BLVD.
VERO BEACH FL 32963**

Mailing Address

**% GEORGE H. MOSS, II
817 BEACHLAND BLVD.
VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1983

3a. Date of Last Report

03/28/1994

4. FEI Number

59-2334195

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. 199.039
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MOSS, GEORGE H., II
817 BEACHLAND BLVD.
VERO BCH. FL 32963**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 title if applicable

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MOSS II, GEORGE H
817 BEACHLAND BLVD
VERO BCH, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
LANIER, CLINTON W
817 BEACHLAND BLVD.
VERO BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
HENDERSON, STEVEN L.
817 BEACHLAND BLVD.
VERO BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
VAN GAASBECK, EVERET J.
817 BEACHLAND BLVD.
VERO BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BLANTON, ROBIN A.
817 BEACHLAND BLVD.
VERO BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KOVAL, THOMAS A.
817 BEACHLAND BLVD.
VERO BCH. FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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

Date

Signature Number 8