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 # **H07234** **(8)**

1. Corporation Name
CHARLES THOMAS HUTCHINS, D.C., P.A.

Principal Place of Business	Mailing Address
P.O. BOX 17669 PENSACOLA FL 32522-7669 US	P.O. BOX 17669 PENSACOLA FL 32522-7669 US

3. Date Incorporated or Qualified: **06/11/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: Po Box 17669
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28: PENSACOLA, FL
Zip — 24:
Country — 25:
Zip — 29: 32522
Country — 30: ESCAMBIA

4. FEI Number: **59-2483844** ☐ 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

HUTCHINS, CHARLES THOMAS, D.C., P.A.
301 WEST CERVANTES STREET
PENSACOLA FL 32501

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINS, CHARLES THOMAS		1.2 NAME	
STREET ADDRESS	301 W. CERVANTES ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINS, CHARLES THOMAS		2.2 NAME	
STREET ADDRESS	301 WEST CERVANTES ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOALA FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLASBEY, CHRISTINA		3.2 NAME	
STREET ADDRESS	301 W CERVANTES		3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	4.1 TITLE	T ☐ Change ☒ Addition
NAME	RENFRO, REBECCA		4.2 NAME	HUTCHINS, CHARLES THOMAS
STREET ADDRESS	8102 NORTH DAVIS HWY		4.3 STREET ADDRESS	3799 N. DAVIS HWY
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	PENSACOLA, FL. 32503
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	300001905183 ☐ Change ☐ Addition
NAME			6.2 NAME	-07/26/96--01011--010
STREET ADDRESS			6.3 STREET ADDRESS	***225.00
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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: _____ 7-22-96 (904) 438-8414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number