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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H11380** (3)
1. Corporation Name
EZELLE & EVERS, PROFESSIONAL ASSOCIATION



Principal Place of Business
**402 S. SIXTH AVENUE
P. O. DRAWER 1308
WAUCHULA FL 33873**

Mailing Address
**402 S. SIXTH AVENUE
P. O. DRAWER 1308
WAUCHULA FL 33873-1308**

3. Date Incorporated or Qualified
07/09/1984

3a. Date of Last Report
06/18/1996

4. FEI Number
59-2401192

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

2. Principal Place of Business
21 **424 West Main Street**
Suite, Apt. #, etc.

22 **Wauchula, Florida**
City & State

23 **33873** **U.S.**
Zip Country

2a. Mailing Address
26 **Post Office Drawer 1308**
Suite, Apt. #, etc.

27 **Wauchula, Florida**
City & State

28 **33873** **U.S.**
Zip Country

9. Name and Address of Current Registered Agent

**EZELLE, MARCUS J.
402 S. SIXTH AVENUE
WAUCHULA FL**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City
Wauchula

85 Zip Code
FL 33873

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

Sign date, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PST	EZELLE, MARCUS J.	402 S. SIXTH AVENUE	WAUCHULA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
PST	EZELLE, MARCUS J.	424 West Main Street	Wauchula, FL 33873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

4/24/ 97

941-773-5600

CR2E034 (9/96)