

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H44736** (7)

1. Corporation Name

ELGIN, BYERLY & SKILLING, EYE ASSOCIATES OF TALLAHASSEE, P.A.



Principal Place of Business

Mailing Address

**2819 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308
US**

**2819 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308
US**

3. Date incorporated or Qualified
03/01/1985

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-2521287

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

**BOOTH, EDGAR C.
2804 REMINGTON GREEN CIRCLE
STE. #4
TALLAHASSEE FL 32308**

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 of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent (if not the same as the corporation's)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BYERLY, BAXTER H.	
STREET ADDRESS	960 LIVE OAK PLANTATION	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	DP	☐ DELETE
NAME	SKILLING, FRANCIS C.	
STREET ADDRESS	1781 MARSTON PL	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	WEAVER, TONY A.	
STREET ADDRESS	3726 DAGGERWING TRC.	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
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	
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	DIRECTOR
4.3 STREET ADDRESS	KATO, KENNETH P
4.4 CITY, ST, ZIP	2515 BETTIE WOOD DR
4.5 CITY, ST, ZIP	TALLAHASSEE, FL 32312
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

Francis C. Skillington Jr. 19 May 96 904-878-6161

CR2E034 (12/95)