

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 # **H49231** (4)

1. Corporation Name

**WILLIAM T. KIRTLEY, P.A.**



Principal Place of Business

% WILLIAM T. KIRTLEY  
702 SARASOTA QUAY  
SARASOTA FL 34236

Mailing Address

% WILLIAM T. KIRTLEY  
702 SARASOTA QUAY  
SARASOTA FL 34236

3. Date Incorporated or Qualified  
**03/22/1985**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

21 **2014 Fourth Street**

Suite, Apt. #, etc.

22 City & State

23 **Sarasota, Florida**

24 Zip **34237**

25 Country **USA**

2a. Mailing Address

26 **2014 Fourth Street**

Suite, Apt. #, etc.

27 City & State

28 **Sarasota, Florida**

29 Zip **34237**

30 Country **USA**

4. FEI Number

**59-2509123**

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

KIRTLEY, WILLIAM T.  
702 SARASOTA QUAY  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name **William T. Kirtley**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2014 Fourth Street**

83

84 City **Sarasota**

FL

85 Zip Code **34237**

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 607.0602, Florida Statutes.

SIGNATURE

*William T. Kirtley*

**William T. Kirtley**

**4/29/96**

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DPS  
KIRTLEY, WILLIAM T.  
702 SARASOTA QUAY  
SARASOTA FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**2014 Fourth Street  
Sarasota, Florida 34237**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*William T. Kirtley*

**William T. Kirtley**

**4/29/96**

**941/952-9750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)