

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 # H65162 (0)

1. Corporation Name

PARDUE, HEID, CHURCH, SMITH & WALLER OF SOUTH FL
ORIDA, INC.



Principal Place of Business

Mailing Address

2161 PALM BEACH LAKES BLVD
417
WEST PALM BEACH FL 33409
US

% WILLIAM P. PARDUE, JR.
1403 WEST COLONIAL DRIVE
ORLANDO FL 32804

3. Date Incorporated or Qualified

07/03/1985

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

PARDUE JR, WILLIAM P
1403 W COLONIAL DR
ORLANDO FL 32804

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, typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent, separate report for when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
CHURCH, LARRY A
STREET ADDRESS 1403 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME D
MOREYRA, ROBERT
STREET ADDRESS 1403 W COLONIAL
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

NAME DST
SCHMIDT, STEPHEN M.
STREET ADDRESS 222 SEMINOLE AVE.
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ DELETE

NAME D
PARDUE, WILLIAM P JR
STREET ADDRESS 1403 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

NAME PD
BOYD, DAVID W
STREET ADDRESS 2161 PALM BCH LKS BLVD
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☒ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY-ST-ZIP

24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-ST-ZIP

44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-ST-ZIP

54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 CITY-ST-ZIP

64 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

Robert Moreyra

3-11-96

Date

407-841-3602

Daytime Phone #

CR2E034 (12/95)