

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 # **H85506** (4)

1. Corporation Name

ORRIN T. HUNT, PH.D., A.C.S.W., P.A.



Principal Place of Business

**5600 SPRING PARK RD.
JACKSONVILLE FL 32216**

Mailing Address

**5600 SPRING PARK RD.
JACKSONVILLE FL 32216**

2. Principal Place of Business

21 **3100 University Blvd. S.**

Suite, Apt. #, etc.

22 **Suite 320**

City & State

23 **Jacksonville, FL**

Zip

24 **32216**

Country

25 **Duval**

2a. Mailing Address

26 **3100 University Blvd. S.**

Suite, Apt. #, etc.

27 **Suite 320**

City & State

28 **Jacksonville, FL**

Zip

29 **32216**

Country

30 **Duval**

g. Name and Address of Current Registered Agent

**WILSON, JESSE JR.
777 SOUTH LANE AVENUE
JACKSONVILLE FL 32205**

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 officer or director)

Signature (typed or printed name of registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HUNT, ORRIN T.	
STREET ADDRESS	5600 SPRING PARK RD.	
CITY- ST- ZIP	JACKSONVILLE 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		
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	3100 University Blvd. S.
1.4 CITY- ST- ZIP	Jacksonville, FL 32216
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	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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

[Signature] **April 11, 1996** **723-0000**
Secretary of State

CR2E034 (12/95)