

**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 # **H87015 (4)**

1. Corporation Name  
**MYRICK & DAVIS, P.A.**



Principal Place of Business: **% JOHN L. MYRICK, 625 N NINTH AVE, PENSACOLA FL 32501**  
Mailing Address: **% JOHN L. MYRICK, 625 N NINTH AVE, PENSACOLA FL 32501**

3. Date Incorporated or Qualified: **12/01/1985**      3a. Date of Last Report: **02/28/1995**

4. FEI Number: **59-2612029**      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 (21-24)      2a. Mailing Address (26-30)

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Zip

24 Country      29 Country

9. Name and Address of Current Registered Agent: **MYRICK, JOHN L., 625 N NINTH AVE, PENSACOLA FL 32501**

10. Name and Address of New Registered Agent (81-85)

81 Name: \_\_\_\_\_

82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

83 \_\_\_\_\_

84 City: \_\_\_\_\_      85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature is required when registered.)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DP</b>	NAME: <b>MYRICK, JOHN L.</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>625 N NINTH AVE</b>	CITY-ST-ZIP: <b>PENSACOLA FL</b>	1.2 NAME:	
TITLE: <b>VP</b>	NAME: <b>DAVIS, R. BROOKS</b>	1.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>625 N. NINTH AVE.</b>	CITY-ST-ZIP: <b>PENSACOLA FL</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>S</b>	NAME: <b>SILBER, BARRY L</b>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>625 N. NINTH AVENUE</b>	CITY-ST-ZIP: <b>PENSACOLA FL</b>	2.2 NAME:	
TITLE: <b>T</b>	NAME: <b>BREHANY, E. J</b>	2.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>625 N. NINTH AVENUE</b>	CITY-ST-ZIP: <b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP:	
TITLE: _____	NAME: _____	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.2 NAME:	
TITLE: _____	NAME: _____	3.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP:	
TITLE: _____	NAME: _____	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME:	
TITLE: _____	NAME: _____	4.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP:	
TITLE: _____	NAME: _____	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME:	
TITLE: _____	NAME: _____	5.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP:	
TITLE: _____	NAME: _____	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2 NAME:	
TITLE: _____	NAME: _____	6.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied on 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

4/8/96 (904) 433-0084

CR2E034 (12/95)