

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

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AND  
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**95 APR 17 PM 2:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # J05465**

**(6)**

**1. Corporation Name**

**THOMAS P. HALL, P.A.**

**Principal Place of Business**

**Mailing Address**

**% THOMAS P. HALL  
3443-D TAMAMI TRAIL  
PORT CHARLOTTE FL 33952**

**% THOMAS P. HALL  
3443-D TAMAMI TRAIL  
PORT CHARLOTTE FL 33952**

**DO NOT WRITE IN THIS SPACE.**

**3. Date Incorporated or Qualified**

**03/18/1986**

**3a. Date of Last Report**

**05/01/1994**

**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**

**HALL, THOMAS P.  
3443-D TAMAMI TRAIL  
PORT CHARLOTTE FL 33952**

**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 and the if applicable**

**(NOTE: Registered Agent signature required when handling)**

**DATE**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**PVST  
HALL, THOMAS P.  
6170 BLACKJACK CT. N.  
PUNTA GORDA FL**

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**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 110.07(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, as changed, or on an attached sheet with an address.**

**SIGNATURE:**

**THOMAS P. HALL**

**4-11-95**

**813-627-0003**