

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J14034 (9)

1. Corporation Name

CUMMINGS, LAWRENCE & VEZINA, P.A.

Principal Place of Business

1004 DE SOTO PARK DRIVE
P.O. BOX 589
TALLAHASSEE FL 32302

Mailing Address

1004 DE SOTO PARK DRIVE
P.O. BOX 589
TALLAHASSEE FL 32302-0589

FILED
97 MAY -1 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/13/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2667972

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

10. Name and Address of New Registered Agent

LAWRENCE, JOSEPH W., II
1004 DE SOTO PARK DRIVE
TALLAHASSEE FL 32301

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

05/02/97-01124-012

****165.00 ****165.00

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, F. ALAN	
STREET ADDRESS	1720 TARPON DRIVE	
CITY- ST- ZIP	TALLAHASSEE FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, JOSEPH W., II	As Officer
STREET ADDRESS	21 MINNE TONKA	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PISCITELLI, MICHAEL A.	
STREET ADDRESS	3928 ECHO POINT LANE	
CITY- ST- ZIP	TALLAHASSEE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	VEZINA, W. ROBERT III	As Officer
STREET ADDRESS	4370 OLD ST AUGUSTINE RD	
CITY- ST- ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	Director
2.2 NAME	Lawrence, Joseph W. II
2.3 STREET ADDRESS	21 Minnetonka
2.4 CITY- ST- ZIP	Ft. Lauderdale FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	Director
4.2 NAME	Vezina, W. Robert III
4.3 STREET ADDRESS	4370 Old St. Augustine Road
4.4 CITY- ST- ZIP	Tallahassee, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alan Cummings* 4/30/97 904-878-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)