

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 # J26623 (5)

1. Corporation Name

DAVID A. SAPP, P.A.



Principal Place of Business

Mailing Address

5043 BAYOU BLVD
SUITE A-1
PENSACOLA FL 32509
US

5043 BAYOU BLVD
SUITE A-1
PENSACOLA FL 32509
US

2. Principal Place of Business

2a. Mailing Address

21 201 EAST GOVERNMENT ST
Suite, Apt. #, etc.

26 201 EAST GOVERNMENT ST
Suite, Apt. #, etc.

22 City & State
Pensacola, FL

27 City & State
Pensacola, FL

23 Zip 32501 Country USA

28 Zip 32501 Country USA

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/31/1986

3a. Date of Last Report

01/30/1995

4. FEI Number

59-2702412

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

SAPP, DAVID A.
5043 BAYOU BLVD
SUITE A-1
PENSACOLA FL 32509

10. Name and Address of New Registered Agent

81 Name

DAVID A. SAPP

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

201 EAST GOVERNMENT STREET

83

84 City

PENSACOLA

FL

85 Zip Code

32501

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DAVID A. SAPP

1/26/96

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE

NAME

1.5 STREET ADDRESS

1.6 CITY - ST - ZIP

1.7 TITLE

NAME

1.8 STREET ADDRESS

1.9 CITY - ST - ZIP

1.10 TITLE

NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

NAME

1.17 STREET ADDRESS

1.18 CITY - ST - ZIP

1.19 TITLE

NAME

1.20 STREET ADDRESS

1.21 CITY - ST - ZIP

1.22 TITLE

NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

NAME

1.26 STREET ADDRESS

1.27 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)