

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J35464 (3)

1. Corporation Name
JOSEPH & CO., P.A.

Principal Place of Business

% DONALD E. JOSEPH
811 N. PINE HILLS ROAD
ORLANDO FL 32808

Mailing Address

% DONALD E. JOSEPH
811 N. PINE HILLS ROAD
ORLANDO FL 32808-7251



2. Principal Place of Business

21 688 W. MONTROSE ST
Suite, Apt. #, etc.

22 City & State
CLERMONT FL

23 Zip Country
34711 LARC

24 34711 25 LARC

2a. Mailing Address

26 688 W. MONTROSE ST
Suite, Apt. #, etc.

27 City & State
CLERMONT FL

28 Zip Country
34711 LARC

29 34711 30 LARC

3. Date Incorporated or Qualified

09/25/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

58-2724001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

81 Name
Donald Joseph
82 Street Address (P.O. Box Number is Not Acceptable)
688 W. MONTROSE ST.
83

84 City
CLERMONT FL 85 Zip Code
34711

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 *Donald Joseph* *Donald Joseph* *Donald Joseph* DATE 1/25/97

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	JOSEPH, DONALD E.	
STREET ADDRESS	15551 CR 455	
CITY-ST-ZIP	MONTVERDE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOSEPH, CHRISTINE	
STREET ADDRESS	15551 CR 455	
CITY-ST-ZIP	MONTVERDE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HELMICK, ANN	
STREET ADDRESS	148 EXETER AVE	
CITY-ST-ZIP	LONGWOOD 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: *Donald Joseph* *Donald Joseph* *Donald Joseph* DATE 1/25/97 (352) 242-0466

CR2E034 (9/96)