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

PROFIT CORPORATION ANNUAL REPORT



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

1996

(5)

DOCUMENT #

1. Corporation Name KATHY B. GREGG, P.A.

| Principal Place of Business | Mailing Address | | | |
|--|--|--|--|--|
| RT 2 BOX 94 WUACHULA FL 33873 US | RT 2 BOX 94 WAUCHULA FL 33873 US | 3. Date incorporated or Qualified 3a. Date of Last Report 08/11/1995 | | |

| 2. Principal Plac | co of Business | 2a. Mailing Address | 1 11 | 4. FEI Number | Applied For |
|-------------------|--|--|-------------------------------|---|--|
| 1.598 | N. Holland | 26 1598 N. | Holland | 59-2759134 | Not Applicable |
| Suite, Apt. # | | <u> </u> | own Rd | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | -la. la E/ | City & State | la FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 7m | - Country | Zip | Country | 8. This corporation has liability for intangible | a tax under s 199.032, |
| ∄ <i>3</i> 3 | 823 25 USA | 29 33873 | 30 USA | Florida Statutes Yes No | |
| 1 | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Register | ed Agent |
| | | | 81 Name | | |
| GREGG, | KATHY B. | | 82 Street A | ddress (P.O. Box Number is Not Acceptable | Taxan Od |
| RT 2 00 | | | | 48 M. Hollana | Town Rd. |
| WAUCHI | ULA FL 33873 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | • | L O |
| 1. Pursuant to | o the provisions of Sections 607.0502 a | nd 607.1508, Florida Statutes, | the above-named co | rporation submits this statement for the purpose of | changing i's registered office as registered agent. Lam |
| or rogistors | ed agent, or both, in the State of Florida th, and accept the obligations of, Section | SHED CHARGE WAS AUDIOUZOU | by the corporation si | board of directors. I hereby accept the appointmen | do registo od agomi i s |
| | in, and accopt the conganities of, cookies | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent ar | id tille if applicable. (NOTE | Registered Agent signature re | squired when reinstaling) DAT | |
| 2. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | Change Addition |
| ITLE | PD | ☐ DELETE | 1. 1 TITLE | | Change |
| IAME | GREGG, KATHY B. | | 1.2 NAME | Lead as Halland | Busin Dd |
| TREET ADDRESS | 925-S-BAYOHORE DR 1841 | | 1.3 STREET ADDRESS | 1248 h. Houdid | tomil ka |
| 011Y - ST - 7IP | MIAMI EL. | | 1.4 CITY - ST - ZIP | 1598 N. Holland : | <u> </u> |
| ITLE | | DELETE | 2. 1 TITLE | | ☐ Change ☐ Addition |
| AME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| DITY-ST-ZIP | ļ | | 24 CHTY-ST-ZIP | | |
| TILE | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| IAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CHTY-ST-ZIP | ļ | | 3.4 CITY-ST-ZIP | | |
| TILLE | | ☐ DELETE | 4. 1 TITLE | | ☐ Charge ☐ Addition |
| AME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 4.4 CITY - \$T - ZIP | | |
| TITLE | | ☐ DELETE | 5. 1 TITLE | | Charige Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| DITY-SI-ZiP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 6. 1 TiTLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| | | | 6.4 CITY - ST - ZIP | | |
| CITY-ST-ZIP | by sadify that the information supplied y | vith this filing is voluntarily furnis | shed and does not qu | alify for the exemption stated in Section 119.07(3)(|), Florida Statutes. I further |

I do hereby certify that the information supplied with this hing 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 eath; 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: _

Pres.

(941)762-0086