

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 # J56377 (1)

1. Corporation Name

PHILIP J. CHILDS, P.A.



Principal Place of Business

P.O. BOX 809
STE. 2 PERIWINKLE PLAZA
SUMMERLAND KEY FL 33042
US

Mailing Address

P.O. BOX 809
SUMMERLAND KEY FL 33042
US

3. Date Incorporated or Qualified 02/06/1987
3a. Date of Last Report 04/25/1995

2. Principal Place of Business
21 27223 OVERSEAS Hwy.

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

RAHROD Key FL

24 Zip 33042 25 Country US

27 City & State

28 Zip

29 Country

30

4. FEI Number 59-2822038
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

9. Name and Address of Current Registered Agent

CHILDS, PHILIP, J
#2 PERIWINKLE PLAZA
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
27223 OVERSEAS HIGHWAY
83
84 City RAHROD Key FL 85 Zip Code 33042

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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent for Service of Process

Signature of Registered Agent or Agent for Service of Process

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CHILDS, PHILIP J.	
STREET ADDRESS	P.O. BOX 809 #2 PERIWINKLE PLAZA N/A	
CITY- ST- ZIP	SUMMERLAND KEY FL 33042	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	PO BOX 809	
1.3 STREET ADDRESS	27223 OVERSEAS HIGHWAY	
1.4 CITY- ST- ZIP	RAHROD Key FL 33042	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ 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 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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP J. CHILDS 4/15/96 305/872 3101

Date

Daytime Phone #

CR2E034 (12/95)

4-22-96