FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K05578** **(5)**

1. Corporation Name

THOMAS GARY & ASSOCIATES, P.A.

Principal Place of Business

C/O THOMAS GARY
301 ALMERIA AVE., 1ST FLOOR, STE. 3
CORAL GABLES FL 33134

Mailing Address

C/O THOMAS GARY
301 ALMERIA AVE., 1ST FLOOR, STE. 3
CORAL GABLES FL 33134

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date Incorporated or Qualified: **11/23/1987**

3a. Date of Last Report: **01/17/1995**

4. FEI Number: **65-0016704** ☐ 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

GARY, THOMAS
301 ALMERIA AVENUE
FIRST FLOOR, SUITE 3
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 Section 607.0502 and F.S. 1.56, 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

12. OFFICERS AND DIRECTORS

DPT
GARY, THOMAS
301 ALMERIA AVE., 1ST FLOOR, #3
CORAL GABLES FL 33134

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I declare that I have examined the information contained in this report and that to the best of my knowledge and belief, it is true, correct, and complete. 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 attached sheet, with all other like empowered.

SIGNATURE: *Thomas Gary* 1/16/96 305-529-1564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

THOMAS GARY

CR2E034 (12/95)