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FILED
Mar 31 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 # L32540

(1)

1. Corporation Name
THOMAS W. HEADLEY, P.A.

Principal Place of Business
2701 SOUTH BAYSHORE DRIVE
SUITE 402
MIAMI FL 33133

Mailing Address
2701 SOUTH BAYSHORE DRIVE
SUITE 402
MIAMI FL 33133-5359



3. Date Incorporated or Qualified 11/27/1989
3a. Date of Last Report 04/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0155760
Applied For Not Applicable

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEADLEY, THOMAS W.
2701 S. BAYSHORE DRIVE #402
MIAMI FL 33133

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 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 of corporation or its registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PT
STREET ADDRESS HEADLEY, THOMAS W.
CITY, ST, ZIP 2701 S BAYSHORE DR #402
TITLE VSD
NAME HEADLEY, THOMAS W.
STREET ADDRESS 2701 S. BAYSHORE DR #402
CITY, ST, ZIP MIAMI FL
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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
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 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 furnished 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 and on, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97 305/656-4156

CR2E034 (9/96)