

**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 # **L33753** (9)  
1. Corporation Name  
**GERALD T. BERRY, P.A.**



Principal Place of Business: **2671 AIRPORT RD SOUTH SUITE 301 NAPLES FL 33962 US**  
Mailing Address: **C/O GERALD T. BERRY 2500 AIRPORT ROAD SOUTH, SUITE 309 NAPLES FL 33962**

3. Date Incorporated or Qualified: **12/04/1989**  
3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **65-0163456**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
**2671 Airport Rd, S. #301**  
27 **Suite 301**  
28 **Naples, FL**  
29 **33962** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERRY, GERALD T.  
2671 AIRPORT RD SOUTH  
SUITE 301  
NAPLES FL 33962**

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 607.0107 and 607.1503, 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 the person who is the registered agent of the corporation

(Print) Registered Agent Signature (if different from above)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERRY, GERALD T.	
STREET ADDRESS	2500 AIRPORT RD.S.#309	
CITY-STATE-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BERRY, GERALD T.	
STREET ADDRESS	2500 AIRPORT RD.S.#309	
CITY-STATE-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERRY, CATHERINE L.	
STREET ADDRESS	2500 AIRPORT RD.S.#309	
CITY-STATE-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BERRY, CATHERINE L.	
STREET ADDRESS	2500 AIRPORT RD.S.#309	
CITY-STATE-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	
11.3 STREET ADDRESS	
11.4 CITY-STATE-ZIP	
12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.2 NAME	
14.3 STREET ADDRESS	
14.4 CITY-STATE-ZIP	
15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.2 NAME	
15.3 STREET ADDRESS	
15.4 CITY-STATE-ZIP	
16.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16.2 NAME	
16.3 STREET ADDRESS	
16.4 CITY-STATE-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:

*Gerald T. Berry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

DATE DATE PRINTED

CR2E034 (12/95)