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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)**DOCUMENT #** Corporation Name MALLOY HANKINS, P.A. Mailing Address Principal Place of Business **MALLOY HANKINS** % MALLOY HANKINS 210 W OCEAN BLVD 210 W OCEAN BLVD STUART FL 34994 STUART FL 34994 3a. Date of Last Report 3. Date Incorporated or Qualified 01/14/1988 04/27/1995 4 FELNimber Applied For 2a. Mailing Address 2. Principal Place of Business 65-0026319 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite Apt #, etc. 5. Certificate of Status Desired П Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Z_{1D} Florida Statutes Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HANKINS, MALLOY Street Address (P.O. Box Number is Not Acceptable) 82 210 W OCEAN BLVD 83 STUART FL 34994 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE (NOTE: Regions of Agest Syristics as pixel with the fating) CATE Signature, specific purified come of registerior agent and the happy at a CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addit on PĎ DELE'E TITLE HANKINS, MALLOY 1.2 NAME NAME 210 W OCEAN BLVD 1.3 STREET ADDRESS STREET ADDRESS STUART FL 1.4 C(1Y - ST - Z)P CITY - ST - ZIP Channe ☐ Addition DELETE 2 1 TallE TITLE 2.2 NAME 2.3 STREET ACORESS STREET ADDRESS 2.4 CHTY - ST- ZIP CUTY - ST- ZIP Addition Change DELETE 3 1 TIT.F TITLE 3.2 NAM1 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY+ST-7IP CITY-ST-ZIP Addition Change DELETE 4 1 Title TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 5.11000 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - \$1 - Ziff CHTY - ST - ZiP DELETE Change ☐ Addition 6.1 Telle TITLE 6.2 NAME NAME 63 STREET AUDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily formated and does not qualfy 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 cath; that I am an office or division of the corporation in the receiver or trustee enpowered 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 Mallay Hankins **SIGNATURE:**