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Feb 06 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 # M98323 (2)

1. Corporation Name  
NORTON, GURLEY, HAMMERSLEY & LOPEZ, P.A.

Principal Place of Business  
1819 MAIN STREET, SUITE 610  
SARASOTA FL 34236

Mailing Address  
1819 MAIN STREET, SUITE 610  
SARASOTA FL 34236-5984



3. Date Incorporated or Qualified 09/13/1988  
3a. Date of Last Report 04/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0075032

Applied For  
Not Applicable

21 Suite, 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 Country

28 Zip Country

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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTON, SAM D.  
1819 MAIN ST., STE 610  
SARASOTA FL 34236

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, typed or printed name of 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 VD ☐ DELETE  
NAME PHILIP N. HAMMERSLEY  
STREET ADDRESS 1819 MAIN STREET, SUITE 610  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME GURLEY, DAVID E.  
STREET ADDRESS 1819 MAIN ST., STE 610  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE DVS ☐ Change ☒ Addition  
2.2 NAME GURLEY, DAVID, E.  
2.3 STREET ADDRESS 1819 MAIN STREET, SUITE 610  
2.4 CITY-ST-ZIP SARASOTA, FL 34236

TITLE DP ☐ DELETE  
NAME NORTON, SAM D  
STREET ADDRESS 1819 MAIN ST., STE. 610  
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DV ☒ DELETE  
NAME DUNLAP, SCOTT W  
STREET ADDRESS 1819 MAIN ST. STE. 610  
CITY-ST-ZIP SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DVT ☒ DELETE  
NAME MORAN, JOHN A  
STREET ADDRESS 1819 MAIN ST. STE. 610  
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DVS ☐ DELETE  
NAME LOPEZ, E. JOHN  
STREET ADDRESS 1819 MAIN ST. STE. 610  
CITY-ST-ZIP SARASOTA FL 34236

6.1 TITLE DVT ☒ Change ☐ Addition  
6.2 NAME LOPEZ, E. JOHN  
6.3 STREET ADDRESS 1819 MAIN STREET, SUITE 610  
6.4 CITY-ST-ZIP SARASOTA, FL 34236

14. I do 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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

(941) 954-4691

Daytime Phone #

CR2E034 (9/96)