

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 # **P93000050111 (2)**

1. Corporation Name

J. MARK MAYNOR, P.A.



Principal Place of Business

Mailing Address

**580 VILLAGE BLVD
SUITE 160
WEST PALM BEACH FL 33409**

**580 VILLAGE BLVD
SUITE 160
WEST PALM BEACH FL 33409**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MAYNOR, J. MARK
580 VILLAGE BLVD
SUITE 160
WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

03/24/1995

4. FEI Number

65-0424616

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

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 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 the person filing this report and the person who

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE
NAME **D MAYNOR, J. MARK**
STREET ADDRESS **580 VILLAGE BLVD SUITE 160**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

12 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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 unchanged, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 407-683-4400

Date

Daytime Phone #

CR2E034 (12/95)