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Feb 14 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 # P93000053981 (5)

1. Corporation Name
THOMAS R. GARLAND, P.A.



Principal Place of Business: 1595 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952
Mailing Address: 1595 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified: 08/02/1993
3a. Date of Last Report: 02/16/1996
4. FEI Number: 65-0423483
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 1541 S.E. P.S.L. BLVD, SUITE B, PORT ST. LUCIE, FL 34952
2a. Mailing Address: 26 1541 S.E. P.S.L. BLVD, SUITE B, PORT ST. LUCIE, FL 34952
23. City & State: PORT ST. LUCIE, FL
24. Zip: 34952, 25. Country: ST. LUCIE
27. City & State: PORT ST. LUCIE, FL
28. Zip: 34952, 29. Country: ST. LUCIE

9. Name and Address of Current Registered Agent
GARLAND, THOMAS R
1595 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1541 S.E. P.S.L. BLVD
83 SUITE B
84 City: PORT ST. LUCIE, FL 85 Zip Code: 34952

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] THOMAS R GARLAND
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 2/10/97

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: DPS, GARLAND, THOMAS R, 1595 SE PORT ST. LUCIE BLVD., PORT ST. LUCIE FL.

Table with 8 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 2.1-2.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 3.1-3.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 4.1-4.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP.

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 checked, or on an attachment with an address.

SIGNATURE: [Signature] THOMAS R GARLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 2/10/97
Daytime Phone #: 561-337-1122

CR2E034 (9/96)