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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. May
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057246 (9)

1. Corporation Name

STEVA GAY, P.A.

Principal Place of Business

2488 EKANA DR
OVIEDO FL 32765
US

Mailing Address

2488 EKANA DR
OVIEDO FL 32765
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/16/1983

3a. Date of Last Report

03/03/1994

4. FEI Number

59-3186429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

City

29

30

9. Name and Address of Current Registered Agent

GAY, STEVA-A
2488 EKANA DR
OVIEDO FL 32765

10. Name and Address of New Registered Agent

1. Name

GEN H. MOORE

2. Street Address (P.O. Box Number is Not Acceptable)

1400 W. FAIRMONT AVE #201

3. City

4. State

5. Zip Code

6. City

7. State

8. Zip Code

9. City

10. State

11. Zip Code

12. City

13. State

14. Zip Code

15. City

16. State

17. Zip Code

18. City

19. State

20. Zip Code

21. City

22. State

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39. City

40. State

41. Zip Code

42. City

43. State

44. Zip Code

45. City

46. State

47. Zip Code

48. City

49. State

50. 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

Gen H. Moore

Signature, typed or printed name of registered agent and this if applicable

(NOTE: Registered agent signature required when reappointing)

4/25/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

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1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

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13. TITLE

14. NAME

15. STREET ADDRESS

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21. TITLE

22. NAME

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27. STREET ADDRESS

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29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY - ST - ZIP

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SIGNATURE:

Steve Ann Gay

4/24/95

(Date)

405-357-9160

(Telephone Number)