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 # **P93000063005 (1)**

1. Corporation Name

KOHL, METZGER, SPOTTS, PROFESSIONAL ASSOCIATION

Principal Place of Business

50 SE KINDRED ST.
SUITE 107
STUART FL 34994

Mailing Address

50 SE KINDRED ST.
SUITE 107
STUART FL 34994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **09/09/1993**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **65-0435797** ☐ 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/has only for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KOHL, N D JR
50 SE KINDRED ST.
SUITE 107
STUART FL 34994

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 617.1502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KOHL, N. D JR.	
STREET ADDRESS	50 SE KINDRED ST, SUITE 107	
CITY-ST-ZIP	STUART FL	
TITLE	D	☐ DELETE
NAME	METZGER, KATHY A	
STREET ADDRESS	50 SE KINDRED ST, SUITE 107	
CITY-ST-ZIP	STUART FL	
TITLE	D	☐ DELETE
NAME	SPOTTS, MICHAEL K	
STREET ADDRESS	50 SE KINDRED ST., SUITE 107	
CITY-ST-ZIP	STUART FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change	☐ Addition
1. NAME			
1. STREET ADDRESS			
1. CITY-ST-ZIP			
2. TITLE	VP/S	☐ Change	☒ Addition
2. NAME			
2. STREET ADDRESS			
2. CITY-ST-ZIP			
3. TITLE	VP/T	☐ Change	☒ Addition
3. NAME			
3. STREET ADDRESS			
3. CITY-ST-ZIP			
4. TITLE		☐ Change	☐ Addition
4. NAME			
4. STREET ADDRESS			
4. CITY-ST-ZIP			
5. TITLE		☐ Change	☐ Addition
5. NAME			
5. STREET ADDRESS			
5. CITY-ST-ZIP			
6. TITLE		☐ Change	☐ Addition
6. NAME			
6. STREET ADDRESS			
6. CITY-ST-ZIP			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 attached sheet, with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96
Date

407-223-9999
Daytime Phone #