

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000063005 (1) N/C 02/2-11114

1. Corporation Name

~~KOHL, METZGER, SPOTTS & TAPPER, P.A.~~

KOHL, METZGER, SPOTTS & TAPPER, P.A.

Principal Place of Business

50 SE KINDRED ST.
SUITE 107
STUART FL 34994

Mailing Address

50 SE KINDRED ST.
SUITE 107
STUART FL 34994-3007

3. Date Incorporated or Qualified

09/09/1993

3a. Date of Last Report

04/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

4. FEI Number

65-0435797

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

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 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 will accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed name of registered agent, and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOHL, N. D JR.	
STREET ADDRESS	50 SE KINDRED ST, SUITE 107	
CITY - ST - ZIP	STUART FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	METZGER, KATHY A	
STREET ADDRESS	50 SE KINDRED ST, SUITE 107	
CITY - ST - ZIP	STUART FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SPOTTS, MICHAEL K	
STREET ADDRESS	50 SE KINDRED ST., SUITE 107	
CITY - ST - ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 changed or added in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0471176

CR2E034 (9/96)