

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 AM 8: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Laura B. Murphy
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088544 (0)

1. Corporation Name

MICHAEL T. CALLAHAN, P.A. Callahan & Cicchetti, P.A.

Principal Place of Business

**433 N MAGNOLIA DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**433 N MAGNOLIA DRIVE
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1993

3a. Date of Last Report

03/03/1994

4. FEI Number

59-3215710

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. The corporation has satisfied the obligations imposed by Chapter 199-032
Florida Statutes

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

24

Zip

2b. Mailing Address

26

Suite, Apt. #, etc

27

City & State

29

Zip

30

County

9. Name and Address of Current Registered Agent

**CALLAHAN, MICHAEL T
433 N MAGNOLIA DRIVE
TALLAHASSEE FL 32308**

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) (Print or printed name of registered agent and title in 1994-95)

(Signature) (Print or printed name of registered agent and title in 1994-95)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
CALLAHAN, MICHAEL T
433 N MAGNOLIA DRIVE
TALLAHASSEE FL 32308**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

President

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

Change Addition
**400001478994
-05/08/95--01056--009
****200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

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)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael T Callahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL T. CALLAHAN

DATE

April 28, 1995

SW
TALLAHASSEE (904)
877-2525

0027200 CP