

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000000283**

1. Entity Name  
**FONVIELLE & HINKLE, P.A.**



Principal Place of Business  
**3375 CAPITAL CIRCLE N.E.  
BLDG. A  
TALLAHASSEE, FL 32308 US**

Mailing Address  
**3375 CAPITAL CIRCLE N.E.  
BLDG A  
TALLAHASSEE, FL 32308 US**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3216013</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FONVIELLE, DAVID C  
3375-A CAPITAL CIR. NE  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000829653  
02/26/08-80049-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FONVIELLE, DAVID C
STREET ADDRESS	3755 BOBBIN MILL ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	D
NAME	HINKLE, DONALD M
STREET ADDRESS	2500 DEERLAKE NORTH
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	D
NAME	LEWIS, III H
STREET ADDRESS	2150 THIRSTLANE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**David C. Fonvielle 1-30-08 7504221113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #