

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000020170 (4)**

1. Corporation Name
DAVID DOUGHERTY, P.A., CPA



Principal Place of Business: **1786 HAZELTON AVENUE DELTONA FL 32738**
Mailing Address: **1786 HAZELTON AVENUE DELTONA FL 32738**

3. Date Incorporated or Qualified 03/11/1994	3a. Date of Last Report 02/24/1995
4. FEI Number 58-3227508 59-3232859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 1750 S. Volusia Ave	2a. Mailing Address 1750 S. Volusia Ave.
22. Suite, Apt. #, etc. #5	26. Suite, Apt. #, etc. #5
23. City & State Orange City, FL	27. City & State Orange City, FL
24. Zip 32763	28. Zip 32763
25. Country US	29. Country US

9. Name and Address of Current Registered Agent

**DOUGHERTY, DAVID
1786 HAZELTON AVENUE
DELTONA FL 32738**

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 607.1503, 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: *David Dougherty*
Signature, typed or printed name of registered agent or director

4/29/96
DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	DOUGHERTY, DAVID	
STREET ADDRESS	1786 HAZELTON AVE.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	Dougherty, David	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	403 Quiet Meadow Ln.		
1.3 STREET ADDRESS	Debarry, FL 32713		
1.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE			
5.2 NAME	800001862088	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	-06/14/96--01034--012		
5.4 CITY-ST-ZIP	***200.00		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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)(k), 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 on an attachment with an address.

SIGNATURE: *David Dougherty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96
DATE

904 774-2061
DAPHN PETERSON

CR2E034 (12/95)