

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000042037 (9)

1. Corporation Name

ANTHONY CAMMARATA, P.A.



Principal Place of Business

Mailing Address

~~8075 REMINGTON GREEN CIRCLE~~
~~SUITE 101~~
TALLAHASSEE FL 32308

P.O. BOX 3043
TALLAHASSEE FL 32315

2. Principal Place of Business

2a. Mailing Address

21 1900 Centre Pointe Boulevard

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #20

27

City & State

City & State

23 Tallahassee, Florida

28

Zip

Country

Zip

Country

24 32308

25

U.S.A.

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/30/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3258011

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 liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

CAMMARATA, ANTHONY
~~3817 FLAT ROAD~~
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1900 Centre Pointe Boulevard

83

#20

84

City

TALLAHASSEE

FL

85

Zip Code

32308

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

Anthony Cammarata

8-7-96

Signature typed or printed in block below signature and title. If applicable.

(NOTE: Registered Agent signature required when re-stating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
CAMMARATA, ANTHONY
STREET ADDRESS ~~3817 FLAT ROAD~~
CITY - ST - ZIP TALLAHASSEE FL 32308

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

1900 Centre Pointe Boulevard, #20
Tallahassee, Florida 32308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony Cammarata
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-96

224-0446

Date

Day/Time Phone #

CR2E034 (3/96)