

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000045294 (3)

1. Corporation Name

GARY E. EARLY, C.P.A., P.A.

Principal Place of Business

2285 TATE ROAD
CANTONMENT FL 32533

Mailing Address

2285 TATE ROAD
CANTONMENT FL 32533-8570



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State

23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

28 Zip
29 Country

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

03/19/1996

4. FEI Number

59-3247551

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

9. Name and Address of Current Registered Agent

EARLY, GARY E
1230 DOLPHIN ROAD
CANTONMENT FL 32533

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 understand with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this report (owner, officer, or director)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
12.1 TITLE	DPST
12.2 NAME	EARLY, GARY E
12.3 STREET ADDRESS	POST OFFICE BOX 336 N/A
12.4 CITY-STATE-ZIP	GONZALEZ FL
12.5 DELETE	<input type="checkbox"/>
12.6 TITLE	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY-STATE-ZIP	
12.10 DELETE	<input type="checkbox"/>
12.11 TITLE	
12.12 NAME	
12.13 STREET ADDRESS	
12.14 CITY-STATE-ZIP	
12.15 DELETE	<input type="checkbox"/>
12.16 TITLE	
12.17 NAME	
12.18 STREET ADDRESS	
12.19 CITY-STATE-ZIP	
12.20 DELETE	<input type="checkbox"/>
12.21 TITLE	
12.22 NAME	
12.23 STREET ADDRESS	
12.24 CITY-STATE-ZIP	
12.25 DELETE	<input type="checkbox"/>
12.26 TITLE	
12.27 NAME	
12.28 STREET ADDRESS	
12.29 CITY-STATE-ZIP	
12.30 DELETE	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 TITLE	
13.7 NAME	
13.8 STREET ADDRESS	
13.9 CITY-STATE-ZIP	
13.10 DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 TITLE	
13.12 NAME	
13.13 STREET ADDRESS	
13.14 CITY-STATE-ZIP	
13.15 DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16 TITLE	
13.17 NAME	
13.18 STREET ADDRESS	
13.19 CITY-STATE-ZIP	
13.20 DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21 TITLE	
13.22 NAME	
13.23 STREET ADDRESS	
13.24 CITY-STATE-ZIP	
13.25 DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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:

GARY E EARLY

02-05-97

(904) 928-2528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)