

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047348 (5)

1. Corporation Name

MALCOLM ANTHONY, P.A.

Principal Place of Business

109 N. LIBERTY STREET
JACKSONVILLE FL 32202

Mailing Address

109 N. LIBERTY STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 Four Sawgrass Village

2a. Mailing Address

26 Four Sawgrass Village

4. FEI Number

59-3253629

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Ponte Vedra Beach FL

City & State

28 Ponte Vedra Beach FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 32082

25 USA

Zip

Country

29 32082

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANTHONY, MALCOLM
38 LOGGERHEAD LANE
PONTA VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

Anthony, Malcolm

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

Four Sawgrass Village

83

84 City

Ponte Vedra Beach, FL

85 Zip Code

32082

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

Malcolm Anthony

March 22, 1995

(Signature subject to printed name of registered agent and not applicable)

(NOTE: Registered agent signature required when transferring)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANTHONY, MALCOLM
STREET ADDRESS	109 N. LIBERTY STREET
CITY, ST, ZIP	JACKSONVILLE FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/NP/T/S/D	☒ Change ☐ Addition
12 NAME	Anthony, Malcolm	
13 STREET ADDRESS	Four Sawgrass Village	
14 CITY, ST, ZIP	Ponte Vedra Beach, FL 32082	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 310.01(6)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

Malcolm Anthony

March 22, 1995

(604) 273-7207

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Typed Name)