

4-22-97 B-5129 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000063707 (1)

1. Corporation Name

JANET ELIZABETH HOFFMAN, P.A.

Principal Place of Business

12099 ALADDIN RD
JACKSONVILLE FL 32223

Mailing Address

12099 ALADDIN RD
JACKSONVILLE FL 32223-3201

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

06/10/1996

2. Principal Place of Business

21 12099 ALADDIN Rd

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE, FLA

24 32223

Country

25 DUVAL

2a. Mailing Address

26 12099 ALADDIN Rd

Suite, Apt. #, etc.

27 City & State

28 JACKSONVILLE, FLA

29 32223

Country

30 DUVAL

4. FEI Number

59-3286031

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

CRABTREE, R. R.
8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256

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

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	HOFFMAN, JANET E
STREET ADDRESS	12099 ALADDIN RD
CITY - ST - ZIP	JACKSONVILLE FL 32223
TITLE	ST <input type="checkbox"/> DELETE
NAME	CARILLI, JUNE G
STREET ADDRESS	8428 ALDERMAN RD
CITY - ST - ZIP	JACKSONVILLE FL 32211
TITLE	V <input type="checkbox"/> DELETE
NAME	HOFFMAN, KELLY M
STREET ADDRESS	12099 ALADDIN RD
CITY - ST - ZIP	JACKSONVILLE FL 32223
TITLE	V <input type="checkbox"/> DELETE
NAME	KATHRYN A. HOFFMAN
STREET ADDRESS	12099 ALADDIN ROAD
CITY - ST - ZIP	JACKSONVILLE, FLA 32223
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOFFMAN, KATHRYN A.
4.3 STREET ADDRESS	12099 ALADDIN ROAD
4.4 CITY - ST - ZIP	JACKSONVILLE, FLA 32223
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0043065