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FILED

Feb 24 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 # P94000070411 (1)

1. Corporation Name

DONALD L. GEIER, P.A.

Principal Place of Business

1122 NW 6TH ST  
GAINESVILLE FL 32601-4247

Mailing Address

1122 NW 6TH ST  
GAINESVILLE FL 32601-4247



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 90357

Suite, Apt. #, etc.

27 Gainesville

City & State

28 FL

Zip

29 32607

Country

30 USA

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

06/14/1996

4. FEI Number

59-3275222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

GEIER, DONALD L  
1122 NW 6TH ST  
GAINESVILLE FL 32601-4247

10. Name and Address of New Registered Agent

81 Name  
DONALD L. GEIER  
82 Street Address (P.O. Box Number is Not Acceptable)  
~~P.O. Box 90357~~ 1122 NW 6th St.  
83 Gainesville, FL  
84 City  
FL 85 Zip Code  
32607

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GEIER, DONALD L  
STREET ADDRESS 1122 NW 6TH ST  
CITY-ST-ZIP GAINESVILLE FL 32601-4247

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME GEIER, DONALD L  
1.3 STREET ADDRESS ~~1122 NW 6TH ST~~  
1.4 CITY-ST-ZIP ~~GAINESVILLE, FL 32607~~

2.1 TITLE  
2.2 NAME DON GEIER  
2.3 STREET ADDRESS 1122 N.W. 6th Street  
2.4 CITY-ST-ZIP Gainesville, FL 32601

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

352-379-7999  
Daytime Phone #

CR2E034 (9/96)