

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071037 (3)

1. Corporation Name

HUTTO & ASSOCIATES, P.A.

Principal Place of Business

3298 SUMMIT BLVD
SUITE 29
PENSACOLA FL 32504

Mailing Address

3298 SUMMIT BLVD
SUITE 29
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3262654

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

2. Principal Place of Business

21 **200 E. Government Street**

2a. Mailing Address

26 **Post Office Box 12354**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 110**

27

City & State

City & State

23 **Pensacola, FL**

28 **Pensacola, FL**

Zip

Country

Zip

Country

24 **32501**

25

29 **32502-2354**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUTTO, HAROLD S JR.
3298 SUMMIT BLVD
SUITE 29
PENSACOLA FL 32504**

81 Name

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

200 E. Government Street

83 **Suite 110**

84 City **Pensacola**

FL

85 Zip Code
32501

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **HUTTO, HAROLD S JR.**
STREET ADDRESS **3298 SUMMIT BLVD SUITE 29**
CITY - ST - ZIP **PENSACOLA FL 32504**

11 TITLE
12 NAME
13 STREET ADDRESS **200 E. Government St, Suite 110**
14 CITY - ST - ZIP **Pensacola, FL 32501**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Harold S. Hutto, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
Harold S. Hutto, Jr.

4/25/95 (904) 428-5299
Date Telephone Number