

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071239 (5)

1. Corporation Name

PHILIP A. ALLEN, III, P.A.

Principal Place of Business

1 BISCAYNE TOWER
2 S BISCAYNE BLVD SUITE 3100
MIAMI FL 33131

Mailing Address

1 BISCAYNE TOWER
2 S BISCAYNE BLVD SUITE 3100
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

4. FEI Number

65-0539369

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

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

(Print Name of Agent, if Agent is not the Corporation Registered Agent)

(Print Name of Registered Agent, if Registered Agent is not the Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. NAME

D

15. NAME

ALLEN, PHILIP A III

16. STREET ADDRESS

1 BISCAYNE TOWER SUITE 3100

17. CITY, ST, ZIP

MIAMI FL 33131

18. NAME

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

22. NAME

23. NAME

24. STREET ADDRESS

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66. NAME

67. NAME

68. STREET ADDRESS

69. 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 119.07(3)(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 it made under oath. That I am an officer or director of this corporation or the registered or proposed agent named to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305) 381-8400