

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

APPROVED
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53 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra R. Northing
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **P94000075454 (6)**

1. Corporation Name

H. EDWARD FOUTY JR. PH.D., P.A.

Principal Place of Business Mailing Address

**1510 MASON AVE
DAYTONA BEACH FL 32117**

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DAYTONA BEACH FL 32117**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
21		26		10/12/1994			
22 State Apt. #, etc.		27 State Apt. #, etc.		4. Fee Number		Applied For	
23 City & State		28 City & State		59-3272608		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		87.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
26		31		7. Has corporation been subject to extraordinary fee under S. 190.001?		Yes No	
27		32		8. Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOUTY, H'E JR 1510 MASON AVE DAYTONA BEACH FL 32117				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0027 and 607.1408, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0025, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or person authorized to sign for corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME		1. NAME	Change ☐ Addition ☒
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY, ST. ZIP		3. CITY, ST. ZIP	
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST. ZIP		6. CITY, ST. ZIP	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST. ZIP		9. CITY, ST. ZIP	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST. ZIP		12. CITY, ST. ZIP	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST. ZIP		15. CITY, ST. ZIP	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST. ZIP		18. CITY, ST. ZIP	
19. NAME		19. NAME	
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY, ST. ZIP		21. CITY, ST. ZIP	

14. I hereby certify that the information supplied with this filing is substantially true and correct, 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this filing. I have not been convicted of any offense within 5 years of the date of filing.

SIGNATURE: *H. E. Fouty Jr* **H. E. Fouty Jr** 4-28-95 904-274-2090

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED BY MAY 1