

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000090093 (3)**

1. Corporation Name

MARTIN A. CALL, P.E., P.A.



Principal Place of Business

**14451 SW 94TH COURT
MIAMI FL 33176**

Mailing Address

**14451 SW 94TH COURT
MIAMI FL 33176**

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 **1140 HOOVER ST**

2a. Mailing Address

26 **1140 HOOVER ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **NOKOMIS FL**

27 City & State

28 **NOKOMIS FL**

24 Zip Country

24 **34275 FL**

25

FLORIDA

29 Zip Country

29 **34275 FL**

30 **FLORIDA**

4. FEI Number
65-0539042

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

**CALL, MARTIN A
14451 SW 94TH COURT
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name **MARTIN A. CALL**
82 Street Address (P.O. Box Number is Not Acceptable)
1140 HOOVER ST
83
84 City **NOKOMIS** FL 85 Zip Code **34275**

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, 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 reinstating)

DATE

4-22-96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CALL, MARTIN A**
STREET ADDRESS **14451 SW 94TH COURT**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **CALL, MARTIN A**
1.3 STREET ADDRESS **1140 HOOVER ST**
1.4 CITY-ST-ZIP **NOKOMIS FL 34275**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

941 484 3168

Date

Daytime Phone #

CR2E034 (12/95)