

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000094279 (4)**

1. Corporation Name
JOHN A. COLTON, P.A.



Principal Place of Business: **2033 MAIN STREET STE. 300 SARASOTA FL 34237**
Mailing Address: **2033 MAIN STREET STE. 300 SARASOTA FL 34237**

3. Date Incorporated or Qualified: **12/28/1994**
3a. Date of Last Report: **09/28/1995**

2. Principal Place of Business: **21 1776 RINGLING BLVD.**
22 Suite, Apt #, etc.
23 City & State: **SARASOTA, FL**
24 Zip: **34230**
25 Country: **SARASOTA**
26 Mailing Address: **1776 RINGLING BLVD.**
27 Suite, Apt #, etc.
28 City & State: **SARASOTA, FL**
29 Zip: **34230**
30 Country: **SARASOTA**

4. FEI Number: **65-0545162**
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

**COLTON, JOHN A
2033 MAIN STREET, SUITE 302
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name: **COLTON, JOHN A.**
82 Street Address (P.O. Box Number is Not Acceptable): **1776 RINGLING BLVD.**
83
84 City: **SARASOTA** FL 85 Zip Code: **34230**

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 of officer or director of registered agent and file if applicable

(Print Registered Agent Signature required when for filing)

DATE: **7/6/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COLTON, JOHN A	
STREET ADDRESS	2033 MAIN STREET, STE. 300	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1776 RINGLING BLVD.
14 CITY-ST-ZIP	SARASOTA, FL 34230
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	700001895257
53 STREET ADDRESS	-07/16/96--01148--013
54 CITY-ST-ZIP	***225.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN COLTON

7/6/96

(941) 366-3700

DATE PHONE NUMBER

CR2E034 (3/96)