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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000000470 (1)

JOHN VAN LANINGHAM, P.A.



Principal Place of Business Mailing Address 215 S. MONROE STREET SUITE 601 TALLAHASSEE FL 32301 Mailing Address 215 S. MONROE STREET SUITE 601 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301				Date Incorporated or Qualified 3a. Date of Last Report	
8 D: 1 :-:		- · · · · · · · · · · · · · · · · · · ·		01/01/1995	NIA
2. Principal Pla		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	S.Flagher Dri		lagler Dr.	57-329	Not Applicable
22 Wes	+ 1900		160	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 West	Palm Beach, FL	City & State 28 US+Pala	+ Beach, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
→ ^{Zip} てフ、	Country	Zip	Country	8. This corporation has liability for i	
24 55	25 0,5,	29 >5701	30 U.S.A.	Florida Statutes	W No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
215 S. Suite	- + -		V		hn West Drive
TALLA	HASSEE FL 32301		84 City	- Journ Plagier	1. 1
			' W	est Palm Beach	FL BS ZOCOGO
or registere familiar with SIGNATURE	h, and ad topt the higality is of set fignature, typic or printed name of registered agei	ion 607.0505, Florida Statutes.	d by the corporation's boat 6. Van Lawi E. Registered Apent signature require 1713.	ration submits this statement for the puriod of directors. I hereby accept the appoint of the puriod when reinstating: ADDITIONS/CHANGES TO OFFI	intment as registered agent. I am 120/96 DATE
TITLE	D	DELETE	1. 1 TITLE	ACCITICATO OF PAGES TO GIVE	Change Addition
NAME	VAN LANINGHAM, JOHN		1.2 NAME		- Prediction
STREET ADDRESS	215 S. MONROE ST., SUI	TE 601	1.3 STREET ADDRESS	173 S. Fleeker Da	w - West 1900
DITY+S1+ZIP	TALLAHASSEE FL 32301		14 CITY-ST-ZIP	177 S. Flagher Da Nest Palm Beach,	2. 33401
HILF		☐ DELETE	2. 1 TITLE	1001	Change Addition
IAME			2.2 NAME		
TREET ADDRESS			2.3 STREET ADDRESS		
/TY-ST-ZIP			2.4 CITY - ST - ZIP		
ITLE		☐ DELETE	3. 1 TITLE		Change Addition
IAME			3 2 NAME		_ · _
TREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP		······································	3 4 CITY-ST-ZIP		
TLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	30000180	01013
NOTES ADDICES			4.3 STREET ADDRESS	30000180 -04/30/96010	52013
THEET ADDRESS					- - -
CITY-SI-ZIP		···	4.4 CITY-ST-ZIP	***200.00	
CHY-SI-ZIP TILE		DELETE	4.4 C(TY - ST - Z(P) 5. 1 T(TLE	****200,00	Change Addition
DITY-ST-ZIP TITLE IAME		☐ DELETE		****200,00	Change Addition
CITY-ST-ZIP UILE IAME ITREET ADDRESS		☐ DELETE	5. 1 TITLE	****200.00	☐ Change ☐ Addition
DITY-ST-ZIP ITLE IAME STREET ADDRESS DITY-ST-ZIP		-	5. 1 TITLE 5.2 NAME	***************************************	☐ Change ☐ Addition
CATY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE		☐ DELETE	5. 1 TITLE 5.2 NAME 5.3 STREET ADDRESS	***************************************	Change Addition
DITY-SI-ZIP ITLE IAME ITREET ADDRESS DITY-SI-ZIP ITLE IAME		-	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	***************************************	
CHY-SI-ZIP THE VAME STREET ADDRESS CHY-SI-ZIP THE VAME STREET ADDRESS CHY-SI-ZIP THE VAME STREET ADDRESS CHY-SI-ZIP		-	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	***************************************	

oath; that I am an officer or direct appears in Block 12 or Block 13 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ages, or on an extrement with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

(407)650-7200 Daythe Prome ! 412014