

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 # P95000028761 (1)

1. Corporation Name

PALMER JOHNSON FLORIDA INC.

Principal Place of Business

801 SEABREEZE BLVD.  
FT. LAUDERDALE FL 33316

Mailing Address

801 SEABREEZE BLVD.  
FT. LAUDERDALE FL 33316



3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

1st Report

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 109

4. FEI Number

65-0579247

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Sturgeon Bay WI

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

54235

30

USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F & L CORP.  
200 LAURA ST.  
GREENLEAF BLDG.  
JACKSONVILLE FL 32202-3527

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE

NAME Charles Irwin

STREET ADDRESS 801 Seabreeze Blvd

CITY-ST-ZIP Ft Lauderdale FL 33316

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE Chairperson ☐ DELETE

NAME Martin C Kelsey, Jr

STREET ADDRESS 61 Michigan Street  
Sturgeon Bay WI 54235

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE Secretary ☐ DELETE

NAME William C Parsons

STREET ADDRESS 61 Michigan Street

CITY-ST-ZIP Sturgeon Bay WI 54235

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE Vice President ☐ DELETE

NAME Thomas M Kuffel

STREET ADDRESS 61 Michigan Street  
Sturgeon Bay WI 54235

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE

NAME Martin C Kelsey, Jr

STREET ADDRESS 61 Michigan Street  
Sturgeon Bay WI 54235

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

414-743-4412

Daytime Phone #

CR2E034 (12/95)