

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. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028911 (2)
1. Corporation Name

LAW OFFICES OF A.B. VLCEK, P.A.



Principal Place of Business

501 W. BAY ST., SUITE 250
JACKSONVILLE FL 32202

Mailing Address

501 W. BAY ST., SUITE 250
JACKSONVILLE FL 32202

2. Principal Place of Business

21 112 W. Adams Street

Suite Apt #, etc

22 Suite 1725

City & State

23 Jacksonville, FL

Zip

Country

24 32202

25 Duval

2a. Mailing Address

26 112 W. Adams Street

Suite, Apt #, etc

27 Suite 1725

City & State

28 Jacksonville, FL

Zip

Country

29 32202

30 Duval

3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3240932

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. 190.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

VLCEK, ALAN B
501 W. BAY ST., SUITE 250
JACKSONVILLE FL 32202

81 Name

Alan B. Vlcek

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

112 W. Adams Street, Suite 1725

83

84 City

Jacksonville,

FL

85 Zip Code

32202

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 Current Registered Agent)

(Signature of New Registered Agent)

DATE

7-26-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Director

☐ Change ☒ Addition

12 NAME

Alan B. Vlcek

13 STREET ADDRESS

112 W. Adams Street, Ste. 1725
Jacksonville, Florida 32202

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information reported 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 in 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-96

(904) 353-2890

CR2E034 (3/96)