

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000031166 (8)**

1. Corporation Name

**BEN FINLEY, P.A.**

Principal Place of Business

**692 SABAL PALM CIRCLE  
SUITE B  
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**692 SABAL PALM CIRCLE  
SUITE B  
ALTAMONTE SPRINGS FL 32701**



3. Date Incorporated or Qualified

**04/20/1995**

3a. Date of Last Report

2. Principal Place of Business

**21 20 N. Orange Ave**

Suite, Apt. #, etc.

**22 1400**

City & State

**23 Orlando, FL**

Zip

**24 32801**

Country

**25 USA**

2a. Mailing Address

**26 P.O. Box 151641**

Suite, Apt. #, etc.

**27**

City & State

**28 Altamonte Springs, FL**

Zip

**29 32715**

Country

**30 USA**

4. FEI Number

**59-3308751**

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

**FINLEY, BENJAMIN  
692 SABAL PALM CIRCLE  
SUITE B  
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

**81 Name BENJAMIN FINLEY  
82 Street Address (P.O. Box Number is Not Acceptable) 20 North Orange Ave, Ste 1400  
83  
84 City Orlando FL 85 Zip Code 32801**

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 607.1505, Florida Statutes.

SIGNATURE

*Benjamin Finley*

(NOTE: Registered Agent signature required when registering)

**4/30/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FINLEY, BENJAMIN</b>	
STREET ADDRESS	<b>692 SABAL PALM CIRCLE, #B</b>	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FINLEY, BENJAMIN</b>	
1.3 STREET ADDRESS	<b>20 North Orange Ave, Suite 1400</b>	
1.4 CITY - ST - ZIP	<b>Orlando, FL 32801</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Benjamin Finley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96 (407) 236-9772**

DATE Displayed Phone #

CR2E034 (12/95)