

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000059854 (6)**

1. Corporation Name
FALLGATTER & BOND, P.A.



Principal Place of Business
121 WEST FORSYTH ST., SUITE 600 JACKSONVILLE FL 32202

Mailing Address
121 WEST FORSYTH ST., SUITE 600 JACKSONVILLE FL 32202

3. Date incorporated or Quoted: **08/02/1995**

3a. Date of Last Report: **8/2/95**

4. FEIN number: **59-3329704**

5. Certificate or Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation is liable for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc: **Suite 900**

22. City & State: **Jacksonville, FL**

23. Zip: **32202**

24. County: **Alachua**

2a. Mailing Address

26. Suite, Apt. #, etc: **Suite 900**

27. City & State: **Jacksonville, FL**

28. Zip: **32202**

29. County: **Alachua**

9. Name and Address of Current Registered Agent

BOND, C. GUY
121 WEST FORSYTH ST., SUITE 600 JACKSONVILLE FL 32202

81. Name

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

83. **Suite 900**

84. City

85. Zip Code **FL 32202**

11. Pursuant to the provisions of Sections 607.0602 and 607.0603, 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 agree to, the provisions of Section 607.0601, Florida Statutes.

SIGNATURE: *C. Guy Bond* **C. Guy Bond** **2-14-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P, D. C. Guy Bond
STREET ADDRESS		STREET ADDRESS	121 W. Forsyth St., Suite 900 Jacksonville, Florida 32202
CITY- ST- ZIP		CITY- ST- ZIP	S, V, D. Curtis S. Fallgatter 121 W. Forsyth St., Suite 900 Jacksonville, Florida 32202
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information located 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 person or persons empowered to execute the 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 to this address.

SIGNATURE: *C. Guy Bond* **C. Guy Bond, President** **2/14/96** **9043535800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)