

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 # **P95000062745 (1)**

1. Corporation Name

CATHERINE M. CATLIN, P.A.



Principal Place of Business

**3021 W AZEELE
TAMPA FL 33609**

Mailing Address

**3021 W AZEELE
TAMPA FL 33609**

3. Date Incorporated or Qualified
08/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **316 S. MacDill Avenue**
Suite, Apt. #, etc.

26 **316 S. MacDill Avenue**
Suite, Apt. #, etc.

4. FEI Number

59-3330643

Applied For

Not Applicable

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Tampa, Florida**

28 **Tampa, Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33609**

25 **USA**

29 **33609**

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

**CATLIN, CATHERINE M
3021 W AZEELE
TAMPA FL 33609**

81 Name

Catlin, Catherine M.

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

316 S. MacDill Avenue

83

84 City

Tampa

FL

85 Zip Code
33609

11. Pursuant to the provisions of Sections 607.0002 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 person or persons registered agent. (Leave blank if not applicable.)

Catherine Catlin

(NOTE: Registered Agent signature required when reinstating.)

2/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D CATLIN, CATHERINE M**
STREET ADDRESS **3021 W AZEELE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D Catlin, Catherine M.**
1.3 STREET ADDRESS **316 S. MacDill Avenue**
1.4 CITY-ST-ZIP **Tampa, Florida 33609**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

813-876-5211

Daytime Phone #

CR2E034 (12/95)