

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000091279 (6)**

1. Corporation Name
DAVID W. NAM, P.A.

Principal Place of Business

**1220 EAST PARK AVENUE
SUITE 15
TALLAHASSEE FL 32301**

Mailing Address

**1220 EAST PARK AVENUE
SUITE 15
TALLAHASSEE FL 32301-2678**



2. Principal Place of Business

21 **1810 Golf Terrace Dr.**

Suite, Apt. #, etc.

22 City & State
Tallahassee, FL 32301

23 Zip **32301** Country **Leon**

24

2a. Mailing Address

26 **1810 Golf Terrace Dr.**

Suite, Apt. #, etc.

27 City & State
Tallahassee, FL 32301

28 Zip **32301** Country **Leon**

29 30

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

59-3369322

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

**NAM, DAVID W
1220 EAST PARK AVENUE
SUITE 15
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

David W. Nam

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

1810 Golf Terrace Dr.

83

84 City

Tallahassee

FL

85 Zip Code

32301

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, if applicable,

(Indicate Registered Agent signature required when reinstating)

DATE

David W. Nam

12/30/96

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE

NAME **NAM, DAVID W**
STREET ADDRESS **1220 EAST PARK AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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 **P/S/D** ☐ Change ☐ Addition

1.2 NAME **David W. Nam**
1.3 STREET ADDRESS **1810 Golf Terrace Dr.**
1.4 CITY-ST-ZIP **Tallahassee, FL** ☐ Change ☐ Addition

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

David W. Nam

12/30/96

224-9019

CR2E034 (9/96)