

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000004249 (4)

1. Corporation Name
H.E. ELLIS, JR., P.A.

Principal Place of Business

200 E GOVERNMENT ST
SUITE 210
PENSACOLA FL 32501
US

Mailing Address

902 E. BLOUNT STREET
THE KIRTZ BUILDING
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

59-3346969

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 201 GOVERNMENT ST.

State, Apt. #, etc.

22

City & State

23 PENSACOLA, FL

Zip Country

24 32501

25 U.S.

2a. Mailing Address

26 201 EAST GOVERNMENT

State, Apt. #, etc.

27

City & State

28 PENSACOLA, FL

Zip Country

29 32501

30 U.S.

9. Name and Address of Current Registered Agent

ELLIS, H.E. JR.
SUITE 210
200 E GOVERNMENT ST
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name H.E. ELLIS, JR.

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

201 EAST GOVERNMENT ST.

83

84 City

PENSACOLA

FL

85 Zip Code

32501

11. Pursuant to the provisions of Sections 607.0900 and 607.1500, 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 607.0900, Florida Statutes.

SIGNATURE

Signature of the person filing this statement (owner, officer, director, partner, etc.)

(Not for Registered Agent's signature required when filing/adding)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DP
ELLIS, H.E. JR.
705 JAMESTOWN DR
GULF BREEZE FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the completed report in all required fields.

SIGNATURE:

2/19/98 850-422-9222

CR2E034 (10/97)