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May 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 # P96000013880 (5)

1. Corporation Name

PETER A. GREGORY ASSOCIATES, INC.



Principal Place of Business

3718 RACHEL LN.
NAPLES FL 33940

Mailing Address

3718 RACHEL LN.
NAPLES FL 34103-3725

3. Date Incorporated or Qualified

02/07/1996

3a. Date of Last Report

FIRST FILING

2. Principal Place of Business

21 PETER A. GREGORY ASSOCIATES

2a. Mailing Address

26 1291 GRAND ISLE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FL

City & State

28

Zip

24 34108

Country

25 USA

Zip

29

Country

30

4. FEI Number

65-064-8334

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

MCEACHERN, G. CARSON
850 PARK SHORE DR., STE. 202
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

same

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

83

84 City

FL

85 Zip Code

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

P. A. Gregory
Signature, typed or printed name of registered agent and title if applicable

P. A. GREGORY

RESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D
NAME
GREGORY, PETER A
STREET ADDRESS
3718 RACHEL LN.
CITY-ST-ZIP
NAPLES FL 33940

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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☐ Addition

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:

P. A. Gregory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

Daytime Phone #

CR2E034 (9/96)