

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 JUL 21 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P97000000479 (0)

1. Corporation Name

HURLEY PARTIN WHITAKER, P.A.

97-AR
CM



Principal Place of Business

Mailing Address

300 N HARBOR CITY BLVD
SUITE B
MELBOURNE FL 32901

300 N HARBOR CITY BLVD
SUITE B
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/30/1996

2. Principal Place of Business

2a. Mailing Address

312 S. Harbor City
Blvd.
Suite 1

312 S. HARBOR CITY
BLVD.
Suite 1

4. FEI Number

59 3443989

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32901

Country

USA

Zip

32901

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITAKER, PARTIN
300 N HARBOR CITY BLVD
SUITE B
MELBOURNE FL 32901

81. Name

Hurley Partin Whitaker

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

312 S. Harbor City Boulevard, Ste 1

83.

Melbourne

84.

City
FL

FL

85.

Zip Code
32901

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Hurley Partin Whitaker
STREET ADDRESS 312 S. Harbor City Blvd., Ste 1
CITY-ST-ZIP Melbourne, FL 32901

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

500002250185--7
07/29/97--01036--003
****165.00 ****165.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

TITLE Vice-President/Secretary
NAME Sylvia Whitaker
STREET ADDRESS 312 S. Harbor City Blvd., Ste 1
CITY-ST-ZIP Melbourne, FL 32901

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change 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 SIGNATURE REQUIRED

407/254 3300

CR2E034 (4/97)