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FILED

Jan 27 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S21936

(7)

1. Corporation Name

JACK, WYATT, TOLBERT &amp; THOMPSON, P.A.

Principal Place of Business

2600 MAITLAND CENTER PARKWAY, #170  
P.O. BOX 949600  
MAITLAND FL 32794

Mailing Address

2600 MAITLAND CENTER PARKWAY, #170  
P.O. BOX 949600  
MAITLAND FL 32794-6600

3. Date Incorporated or Qualified

12/28/1990

3a. Date of Last Report

01/25/1996

4. FEI Number

65-0233015

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TUDHOPE, WALLACE W.  
323 PRESSVIEW AVE  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D BEERS, DAVID C. ☒ DELETE  
NAME  
STREET ADDRESS 505 SABAL LAKE DR., #101  
CITY - ST - ZIP LONGWOOD FLTITLE D TUDHOPE, WALLACE W. ☒ DELETE  
NAME  
STREET ADDRESS 323 PRESSVIEW AVE  
CITY - ST - ZIP LONGWOOD FLTITLE D JACK, ROBERT J. ☐ DELETE  
NAME  
STREET ADDRESS 6208 DONEGAL DRIVE  
CITY - ST - ZIP ORLANDO FLTITLE D WYATT, DONNA C ☐ DELETE  
NAME  
STREET ADDRESS 1961 COVE COLONY RD.  
CITY - ST - ZIP MAITLAND FLTITLE D TOLBERT, SUSAN W ☐ DELETE  
NAME  
STREET ADDRESS 3031 ROGERS ROAD  
CITY - ST - ZIP GLENWOOD FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)