# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **S23971** **(2)**

1. Corporation Name

**HOWARD L. KASSON, P.A.**

Principal Place of Business

**2753 STATE RD 580**
**STE 201**
**CLEARWATER FL 34621**
**US**

Mailing Address

**2753 STATE RD 580**
**STE 201**
**CLEARWATER FL 34621**
**US**

3. Date Incorporated or Qualified: **01/10/1991**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-3042319** ☐ 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 authority for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 28050 US HWY 19 N

Suite, Apt. #, etc.

22 SUITE 307

City & State

23

Zip 24 | Country 25

2a. Mailing Address

26 28050 US HWY 19 N

Suite, Apt. #, etc.

27 SUITE 307

City & State

28

Zip 29 | Country 30

9. Name and Address of Current Registered Agent

**KASSON, HOWARD L.**
**2753 STATE RD 580 STE 201**
**CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 28050 US HWY 19 N, SUITE 307

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Howard L Kasson 4/13/96

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PST | ☐ DELETE |
| NAME | KASSON, HOWARD L. | |
| STREET ADDRESS | 2753 STATE RD 580 STE 201 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | ☐ DELETE |
| NAME | KASSON, HOWARD L. | |
| STREET ADDRESS | 2753 STATE RD 580 STE 201 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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

| | | |
|---|---|---|
| 11 TITLE | | ☒ Change ☐ Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | 28050 US HWY 19 N, SUITE 307 | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | | ☒ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | 28050 US HWY 19 N, SUITE 307 | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | ☐ Change ☐ Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | ☐ Change ☐ Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | ☐ Change ☐ Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Howard L Kasson Howard L Kasson 4/13/96 813-797-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #