

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S24148** (6)

1. Corporation Name

DANIEL R. LOZIER, P.A.

Principal Place of Business

125 W ROMANA ST
ONE PENSACOLA PLZ. S222
PENSACOLA FL 32501
US

Mailing Address

125 W ROMANA ST
ONE PENSACOLA PLZ. S222
PENSACOLA FL 32501
US

2. Principal Place of Business

2a. Mailing Address

21 Sub: Apt. #, etc.

26 Sub: Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

LOZIER, DANIEL R.

2121 CURRY CIRCLE

PENSACOLA FL 32504

3. Date Incorporated or Qualified

12/19/1990

3a. Date of Last Report

01/19/1995

4. FEI Number

59-3044164

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

10. Name and Address of New Registered Agent

81 Name

same

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

6670 Martin Rd.

83

84 City

Milton Fla.

FL

85 Zip Code

32570

11. Pursuant to the provisions of Sections 647.01 and 647.1108, 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 changes were authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fully aware, and I accept the obligations of, Section 647.01 and 647.1108, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME D LOZIER, DANIEL R. 2121 CURRY CIRCLE PENSACOLA FL	13.1 NAME ☐ Change ☐ Addition
12.2 STREET ADDRESS 6670 Martin Rd Milton FL 32570	13.2 STREET ADDRESS ☐ Change ☐ Addition
12.3 CITY, STATE, ZIP ☐ DELETE	13.3 CITY, STATE, ZIP ☐ Change ☐ Addition
12.4 NAME ☐ DELETE	13.4 NAME ☐ Change ☐ Addition
12.5 STREET ADDRESS ☐ DELETE	13.5 STREET ADDRESS ☐ Change ☐ Addition
12.6 CITY, STATE, ZIP ☐ DELETE	13.6 CITY, STATE, ZIP ☐ Change ☐ Addition
12.7 NAME ☐ DELETE	13.7 NAME ☐ Change ☐ Addition
12.8 STREET ADDRESS ☐ DELETE	13.8 STREET ADDRESS ☐ Change ☐ Addition
12.9 CITY, STATE, ZIP ☐ DELETE	13.9 CITY, STATE, ZIP ☐ Change ☐ Addition
12.10 NAME ☐ DELETE	13.10 NAME ☐ Change ☐ Addition
12.11 STREET ADDRESS ☐ DELETE	13.11 STREET ADDRESS ☐ Change ☐ Addition
12.12 CITY, STATE, ZIP ☐ DELETE	13.12 CITY, STATE, ZIP ☐ Change ☐ Addition
12.13 NAME ☐ DELETE	13.13 NAME ☐ Change ☐ Addition
12.14 STREET ADDRESS ☐ DELETE	13.14 STREET ADDRESS ☐ Change ☐ Addition
12.15 CITY, STATE, ZIP ☐ DELETE	13.15 CITY, STATE, ZIP ☐ Change ☐ Addition
12.16 NAME ☐ DELETE	13.16 NAME ☐ Change ☐ Addition
12.17 STREET ADDRESS ☐ DELETE	13.17 STREET ADDRESS ☐ Change ☐ Addition
12.18 CITY, STATE, ZIP ☐ DELETE	13.18 CITY, STATE, ZIP ☐ Change ☐ Addition
12.19 NAME ☐ DELETE	13.19 NAME ☐ Change ☐ Addition
12.20 STREET ADDRESS ☐ DELETE	13.20 STREET ADDRESS ☐ Change ☐ Addition
12.21 CITY, STATE, ZIP ☐ DELETE	13.21 CITY, STATE, ZIP ☐ Change ☐ Addition
12.22 NAME ☐ DELETE	13.22 NAME ☐ Change ☐ Addition
12.23 STREET ADDRESS ☐ DELETE	13.23 STREET ADDRESS ☐ Change ☐ Addition
12.24 CITY, STATE, ZIP ☐ DELETE	13.24 CITY, STATE, ZIP ☐ Change ☐ Addition
12.25 NAME ☐ DELETE	13.25 NAME ☐ Change ☐ Addition
12.26 STREET ADDRESS ☐ DELETE	13.26 STREET ADDRESS ☐ Change ☐ Addition
12.27 CITY, STATE, ZIP ☐ DELETE	13.27 CITY, STATE, ZIP ☐ Change ☐ Addition
12.28 NAME ☐ DELETE	13.28 NAME ☐ Change ☐ Addition
12.29 STREET ADDRESS ☐ DELETE	13.29 STREET ADDRESS ☐ Change ☐ Addition
12.30 CITY, STATE, ZIP ☐ DELETE	13.30 CITY, STATE, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered agent 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 of this report. I, or my authorized agent, will pay all fees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel R. Lozier Daniel R. Lozier

1/15/96 904 469-9666

CR2E034 (12/95)