

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 # **S40672** (5)

1. Corporation Name
HERB SALISBURY, P.A.



Principal Place of Business: **908 S PALM BLVD NICEVILLE FL 32578**
Mailing Address: **908 S PALM BLVD NICEVILLE FL 32578**

3. Date Incorporated or Qualified: **03/25/1991**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business: **21 228 COUNTRY CLUB RD**
2a. Mailing Address: **26 228 COUNTRY CLUB ROAD**

4. FEI Number: **59-3063946**
Applied For: Not Applicable

22. Suite, Apt. #, etc. (Blank)
27. Suite, Apt. #, etc. (Blank)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **SHALIMAR, FL**
28. City & State: **SHALIMAR, FL**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. Zip: **32579** 25. Country: **USA**
29. Zip: **32579** 30. Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALISBURY, HERB
908 S PALM BLVD
NICEVILLE FL 32578-4997**

81. Name: (Blank)
82. Street Address (P.O. Box Number is Not Acceptable): **228 COUNTRY CLUB ROAD**
83. (Blank)
84. City: **SHALIMAR, FL** 85. Zip Code: **32579**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SALISBURY, HERB	
STREET ADDRESS	908 S PALM BLVD	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	228 COUNTRY CLUB ROAD
14 CITY-ST-ZIP	SHALIMAR, FL 32579
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

(904)678-2121

Daytime Phone #

CR2E034 (12/95)