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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:27

DOCUMENT # S58109

(7)

1. Corporation Name

ERIC H. FADDIS, P.A.

Principal Place of Business

135 N MAGNOLIA
ORLANDO FL 32801-2328
US

Mailing Address

135 N MAGNOLIA
ORLANDO FL 32801-2328
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/05/1991

3a. Date of Last Report
06/13/1994

4. FEI Number
59-3077830

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FADDIS, ERIC H.
135 N. MAGNOLIA
ORLANDO FL 32801

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 if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE:

12. OFFICERS AND DIRECTORS

111 TITLE
NAME
112 STREET ADDRESS
CITY- ST- ZIP
PD
FADDIS, ERIC H.
135 N MAGNOLIA
ORLANDO FL

111 TITLE
NAME
112 STREET ADDRESS
CITY- ST- ZIP

111 TITLE
NAME
112 STREET ADDRESS
CITY- ST- ZIP

111 TITLE
NAME
112 STREET ADDRESS
CITY- ST- ZIP

111 TITLE
NAME
112 STREET ADDRESS
CITY- ST- ZIP

111 TITLE
NAME
112 STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE ☐ Change ☐ Addition
112 NAME
113 STREET ADDRESS
114 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
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

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included in 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 of this report, or on an attachment with my address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

2/24/95

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