

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S68897

(5)

1. Corporation Name

TERESITA D. HERRON, P.A.

Principal Place of Business

524 FAIRWIND DR
N PALM BEACH FL 33408

Mailing Address

524 FAIRWIND DR
N PALM BEACH FL 33408

FILED
95 JUL 10 AM 9: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/26/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0279416

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 45 Yacht Club Dr

2a. Mailing Address

26 45 Yacht Club Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 401

27 401

City & State

28 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BENNETT, JAMES T.
880 US HIGHWAY ONE
SUITE 210
N PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name Teresita D. Herron
82 Street Address (P.O. Box Number is Not Acceptable)
45 Yacht Club Dr. #101
83 North Palm Beach
84 City

FL 85 Zip Code
33408

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # block, etc.

(NOTE: Registered Agent signature required when reappointing)

6-30-95

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(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:

Signature and typed or printed name of signing officer or director

6-2-95

407-622-0481