

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S76556

(7)

1. Corporation Name

DR. JEFFREY W. LOUX, P.A.

Principal Place of Business

1208 HIDDEN HARBOR DR
INDIAN ROCKS BEACH FL 34635

Mailing Address

1208 HIDDEN HARBOR DR
INDIAN ROCKS BEACH FL 33785-3721

2. Principal Place of Business

21 11359 Church Hill Trail
Suite, Apt. #, etc.

22 City & State
Seminole FL

23 Zip Country
33772 USA

24 33772 25 USA

2a. Mailing Address

26 11359 Church Hill Trail
Suite, Apt. #, etc.

27 City & State
Seminole FL

28 Zip Country
33772 USA

29 33772 30 USA

3. Date Incorporated or Qualified

08/26/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3079073

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

9. Name and Address of Current Registered Agent

ZIEGLER, RON, ATTORNEY
1266 FIRST ST.
SUITE 5
SARASOTA FL 34236

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LOUX, JEFFERY W.
STREET ADDRESS 1208 HIDDEN HARBOUR DR.
CITY-ST-ZIP INDIAN ROCKS BCH FL

TITLE VD
NAME LOUX, JACOB W
STREET ADDRESS 235 E VILLAGE RD
CITY-ST-ZIP HOLLAND PA

TITLE STD
NAME LOUX, LORRAINE M.
STREET ADDRESS 1208 HIDDEN HARBOUR DR
CITY-ST-ZIP INDIAN ROCKS BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11359 Church Hill Trail
1.4 CITY-ST-ZIP Seminole FL 33772

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 11359 Church Hill Trail
3.4 CITY-ST-ZIP Seminole FL 33772

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]

CR2E034 (9/96)

FILED
May 02 1997 8:00am
Secretary of State

