

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

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**DIVISION OF CORPORATIONS**

95 MAY 31 AM 8:38

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S82287** (1)  
 1. Corporation Name  
**MARGARET PALMER, P.A.**

Principal Place of Business Mailing Address  
**828 SE FT KING ST 7** **828 SE FT KING ST**  
**OCALA FL 34471** **OCALA FL 34471**  
**US** **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>709 SE 15th Ave</b>		26 <b>P. O. Box 184</b>		<b>09/23/1991</b>	<b>04/18/1994</b>
22 State, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FEI Number	Applied For
<b>FL</b>		<b>FL</b>		<b>58-3084973</b>	<input type="checkbox"/> Not Applicable
23 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>Ocala, FL</b>		<b>Ocala, FL</b>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>34471</b>	<b>Marion</b>	<b>34478</b>	<b>Marion</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PALMER, MARGARET</b> <b>828 SE FT KING ST</b> <b>OCALA FL 32671</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>709 SE 15th Ave.</b>		
				83			
				84 City	<b>Ocala</b>	85 State	<b>FL</b>

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 Margaret Palmer **MARGARET PALMER** 5/27/95  
(Signature, typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when reappointing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALMER, MARGARET</b>	1 2 NAME	
STREET ADDRESS	<b>828 SE FT KING ST</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	1 4 CITY - ST - ZIP	
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(a), 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: Margaret Palmer **MARGARET PALMER** 5/27/95 (904) 732-8899  
(Signature, typed or printed name of signing officer or director) (Date) (Telephone/Fax #)