

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 # V00439 (2)

1. Corporation Name

JOSHUA A. WHITMAN, P.A.



Principal Place of Business

Mailing Address

~~7077 BONNEVAL RD.~~  
~~STE 200~~  
~~JACKSONVILLE FL 32216~~  
~~US~~

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

12/16/1991

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 10151 Deerwood Park Blvd.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bldg 100, Suite 250

27 City & State

City & State

City & State

23 Jacksonville, FL

28 Zip

Zip

Country

Zip

Country

24 32256

25 US

29

30

4. FEI Number

59-3096844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

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

10. Name and Address of New Registered Agent

WHITMAN, JOSHUA A.  
7077 BONNEVAL ROAD, SUITE 200  
JACKSONVILLE FL 32216

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 acceptable)

(NOTE: If signed Agent's signature is required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ~~WHITMAN, JOSHUA A.~~  
STREET ADDRESS ~~7077 BONNEVAL RD. #200~~  
CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE ☐ DELETE

NAME ~~WHITMAN, JOSHUA A.~~  
STREET ADDRESS ~~7077 BONNEVAL RD. #200~~  
CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DPST

Whitman, Joshua A.

10151 Deerwood Park Blvd., Bldg 100/#250  
Jacksonville, FL 32256

☒ Change

☐ Addition

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☐ 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 119.07(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:

Joshua A. Whitman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

8012964448

Daytime Phone #

CR2E034 (12/95)