

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 # **V18472** (3)

1. Corporation Name

**SAVLOV & ANDERSON, P.A.**



Principal Place of Business

**PO DRAWER 870  
TALLAHASSEE FL 32302**

Mailing Address

**PO DRAWER 870  
TALLAHASSEE FL 32302**

2. Principal Place of Business

2a. Mailing Address

21 **411 N. Calhoun St.**

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23 **Tallahassee, FL**

28

Zip

Country

24 **32301**

25

**USA**

29

30

9. Name and Address of Current Registered Agent

**SAVLOV, JEFFREY H.  
820 E PARK AVE  
BLDG A SUITE 200  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**03/04/1992**

3a. Date of Last Report

**06/26/1995**

4. FEI Number

**59-3109800**

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

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 of Current Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

| 12.1     | NAME                       | DELETE                   |
|----------|----------------------------|--------------------------|
| 12.1.1   | <b>D SAVLOV, JEFFREY H</b> | <input type="checkbox"/> |
| 12.1.2   | <b>PO DRAWER 870</b>       |                          |
| 12.1.3   | <b>TALLAHASSEE FL</b>      |                          |
| 12.2     | <b>D</b>                   | <input type="checkbox"/> |
| 12.2.1   | <b>ANDERSON, JAMES W</b>   |                          |
| 12.2.2   | <b>PO DRAWER 870</b>       |                          |
| 12.2.3   | <b>TALLAHASSEE FL</b>      |                          |
| 12.3     |                            | <input type="checkbox"/> |
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 13.1     | NAME | DELETE                   | 13.2     | NAME | DELETE                   |
|----------|------|--------------------------|----------|------|--------------------------|
| 13.1.1   |      | <input type="checkbox"/> | 13.2.1   |      | <input type="checkbox"/> |
| 13.1.2   |      | <input type="checkbox"/> | 13.2.2   |      | <input type="checkbox"/> |
| 13.1.3   |      | <input type="checkbox"/> | 13.2.3   |      | <input type="checkbox"/> |
| 13.1.4   |      | <input type="checkbox"/> | 13.2.4   |      | <input type="checkbox"/> |
| 13.1.5   |      | <input type="checkbox"/> | 13.2.5   |      | <input type="checkbox"/> |
| 13.1.6   |      | <input type="checkbox"/> | 13.2.6   |      | <input type="checkbox"/> |
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| 13.1.100 |      | <input type="checkbox"/> | 13.2.100 |      | <input type="checkbox"/> |

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 or person 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: *Jeffrey H. Savlov* **Jeffrey H. Savlov** 1-22-96 (904) 222-3886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)