

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V34282** (6)
1. Corporation Name
DAVID L. FERGUSON, P.A.



Principal Place of Business 2699 LEE RD. S-450 WINTER PARK FL 32789	Mailing Address 2699 LEE RD. S-450 WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/04/1992

2. Principal Place of Business 21 1 Fairview Rd Suite, Apt. #, etc. 22 City & State 23 Asheville NC Zip 24 28803 Country 25 USA	2a. Mailing Address 26 1 Fairview Rd Suite, Apt. #, etc. 27 City & State 28 Asheville NC Zip 29 28803 Country 30 USA
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4. FEI Number
59-3121189

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FERGUSON, DAVID L.
2699 LEE RD.
S-450
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name Katherine Woodward, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd.
83 Suite 815
84 City Daytona Beach FL
85 Zip Code 32115

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 limitations of, Section 607.0505, Florida Statutes.

SIGNATURE *Katherine Woodward* **Katherine Woodward** **4/29/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DPS	<input type="checkbox"/> DELETE
NAME FERGUSON, DAVID L	
STREET ADDRESS 2699 LEE RD SUITE 450	
CITY-ST-ZIP WINTER PARK FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Ferguson, David L.	
1.3 STREET ADDRESS 1 Fairview Rd.	
1.4 CITY-ST-ZIP Asheville, NC 28803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* **4/28/98 (704) 274-7909**

CR2E034 (10/97)