

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 # V39239

(1)

1. Corporation Name

C. ANTHONY SEXTON, P.A.



Principal Place of Business

324 HYDE PARK AVE.
STE 375
TAMPA FL 33606
US

Mailing Address

324 HYDE PARK AVE.
STE 375
TAMPA FL 33606
US

3. Date Incorporated or Qualified
05/28/1992

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

21 442 W. Kennedy Blvd

Suite, Apt. #, etc.

22 200

City & State

23 Tampa, FL

Zip

24 33606

Country

25 USA

2a. Mailing Address

26 919 S. Rome Ave

Suite, Apt. #, etc.

27 4

City & State

28 Tampa, FL

Zip

29 33606

Country

30 USA

4. FEI Number

59-3124893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

SEXTON, C. ANTHONY
324 HYDE PARK AVE.
SUITE 375
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

442 W. Kennedy Blvd. suite 200

83

84 City

Tampa

FL

85 Zip Code

33606

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 607.1505, Florida Statutes.

SIGNATURE

C. Anthony Sexton

C. Anthony Sexton

4-8-96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SEXTON, C. ANTHONY
STREET ADDRESS 919 S. ROME AVE. SUITE 4
CITY-ST-ZIP TAMPA FL

TITLE VD ☒ DELETE

NAME CASS, NANCY
STREET ADDRESS 324 HYDE PARK AVE., SUITE 375
CITY-ST-ZIP TAMPA FL 33606

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 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:

C. Anthony Sexton

4-8-96

813-2541455

CR2E034 (12/95)