

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 51-96 B

5719 C

DOCUMENT # V52574

(3)

1. Corporation Name

ALL FLORIDA RESPIRATORY INC.



Principal Place of Business

Mailing Address

1125 NORTH SUMMIT STREET
CRESCENT CITY FL 32112

1125 NORTH SUMMIT STREET
CRESCENT CITY FL 32112

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/22/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3134300

Applied For
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

BUCHAN, GERARD
508 CENTRAL AVENUE
CRESCENT CITY FL 32112

81 Name

WILLIAM C. HALDIN, JR.

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

808 SOUTHEAST FORT KING ST.

83

84 City

OCALA,

FL

85 Zip Code
34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 and office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

☐ DELETE

FLETCHER, WARREN D.
CEDAR COVE ROUTE 309
GEORGETOWN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP

☐ DELETE

DONAHUE, HAROLD W
1340 SE 16TH ST
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS

☐ DELETE

FRAZER, NORMA
174 MOONLIGHT DRIVE
WELAKA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV

☐ DELETE

HARPER, NED
102 SHORELINE DRIVE
PORT ORANGE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV

☒ DELETE

BUCHAN, GERARD
1001 GRAND RONDO ROAD
CRESCENT CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

SATSUMA, FL 32189

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Warren D Fletcher

Warren D Fletcher 4/25/96 904-648-1174

CR2E034 (12/95)