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PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V55586**

(4)

FILED May 12 1997 8:00am Secretary of State

0027394

JOSEPH MICHAEL	HORROX.	P.A.	
Corporation Name			

Principal Place of Business Mailing Address 200 S. CENTRAL AVE., STE. 102 PO DOX 628 FLOLER BEACH FL-92196-0628 PLOLER BEACH FL 32136-0628 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1992 05/21/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Busine Applied For 59-3143706 Not Applicable (SAME A) Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HORROX, JOSEPH MICHAEL 306 E. Church Street Street Address (P.O. Box Number is Not Acceptable) 201360000 Deland Fl. 32724 City Zip Code 85 11. Fursiant 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 familia with, and accept the obligations of, Section 607.0505, Florida Statutes. 042697 (fue address charge E: Registered Agent signature required when reinstalling SIGNATURE printed harno of registered age OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change Addition HileE 300 S-CENTRAL AVENUE, STE. 102 306 E. Chied HORROX, JOSEPH MICHAEL 1.2 NAME NAM! STREET ADDRESS 1.3 STREET ADDRESS FLGLER BEACH FL 32136-0628. 14 CITY-ST-ZIP CHY \$1-ZB DELETE TITLE 21 TITLE Change Addition 2.2 NAME DALL 2.3 STREET ADDRESS STEFFEL ADDRESS 2. 4 CITY - ST - ZIP 0/11-51-20/ DELETE Change Addition 11113 3.1 THUE 3.2 NAME 3.3 STREET ADDRESS STIFFET ABOURTSS 3.4. CITY-ST-ZIP Oth - \$1-202 DELETE Change Addition 4.1 TITLE 11 LE NAV: 4. 2 NAME 4.3 STREET ADDRESS SPREET ADOPTS CITY - ST 4.4 CHTY - ST - Z)P DELETE 5.1 TITLE Change Addition 10.6 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP 011Y-ST-761 DELETE ☐ Change Addition 6.1 TITLE 1:116 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 eath; 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