

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:35

DOCUMENT # V72219 (1)

1. Corporation Name
DAVID MICHAEL CLOWER, P.A.

Principal Place of Business: **378 SOUTH ATLANTIC AVENUE ORMOND BEACH FL 32176 US**
Mailing Address: **378 SOUTH ATLANTIC AVENUE ORMOND BEACH FL 32176 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/19/1992**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
City: **24** State: **25** Country: **27**
City: **28** State: **29** Country: **30**

4. FEI Number: **59-3150479**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLOWER, DAVID MICHAEL
378 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32174**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** 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: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring.)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

10 TITLE: **PD**
11 NAME: **CLOWER, DAVID MICHAEL**
12 STREET ADDRESS: **378 SOUTH ATLANTIC AVE.**
13 CITY - ST - ZIP: **ORMOND BEACH FL**

14 TITLE: Change Addition
15 NAME: Change Addition
16 STREET ADDRESS: Change Addition
17 CITY - ST - ZIP: Change Addition
18 TITLE: Change Addition
19 NAME: Change Addition
20 STREET ADDRESS: Change Addition
21 CITY - ST - ZIP: Change Addition
22 TITLE: Change Addition
23 NAME: Change Addition
24 STREET ADDRESS: Change Addition
25 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 110.07(3)(b), 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: David Michael Clower
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
DAVID MICHAEL CLOWER, Owner/officer/director
Date: **6/26/95**
Signature: **(904) 673-0063**