

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M98323

Entity Name: NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.**Current Principal Place of Business:**1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236**Current Mailing Address:**1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236**FEI Number:** 65-0075032**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTON, SAM D
1819 MAIN STREET, STE 610
SARASOTA, FL 34236 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VD
Name	PHILIP N. HAMMERSLEY
Address	1819 MAIN STREET, SUITE 610
City-State-Zip:	SARASOTA FL 34236

Title	VD
Name	INVERSO, DARREN R
Address	1819 MAIN STREET, SUITE 610
City-State-Zip:	SARASOTA FL 34236

Title	DP
Name	NORTON, SAM D
Address	1819 MAIN STREET, STE. 610
City-State-Zip:	SARASOTA FL 34236

Title	VD
Name	LOPEZ, E. JOHN
Address	1819 MAIN STREET, STE. 610
City-State-Zip:	SARASOTA FL 34236

Title	VD
Name	SKOKOS, PETER Z
Address	1819 MAIN STREET, STE 610
City-State-Zip:	SARASOTA FL 34236

Title	VDTS
Name	COMPTON, JOHN M
Address	1819 MAIN STREET, STE 610
City-State-Zip:	SARASOTA FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAM D. NORTON

DP

02/12/2016

Electronic Signature of Signing Officer/Director Detail_____
Date