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FILED
Feb 17 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # **G88941** (1)
1. Corporation Name
IDA A. GWINN, P.A.



Principal Place of Business Mailing Address
C/O IDA A. GWINN **C/O IDA A. GWINN**
8520 U.S. HIGHWAY #1, APT. C-12 **8520 U.S. HIGHWAY #1, APT. C-12**
MICCO FL 32976 **MICCO FL 32976-2600**

3. Date Incorporated or Qualified **03/06/1984** 3a. Date of Last Report **03/19/1986**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2404220** Applied For Not Applicable
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. 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
GWINN, IDA A. 81 Name
8520 U.S. HIGHWAY # 1 82 Street Address (P.O. Box Number is Not Acceptable)
APT. C-12 83
MICCO FL 32976 84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **DP** DELETE 1.1 TITLE Change Addition
NAME **GWINN, IDA A.** 1.2 NAME
STREET ADDRESS **8520 US HWY 1 #C-12** 1.3 STREET ADDRESS
CITY-ST-ZIP **MICCO FL** 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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 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.

Sandra B. Mortimer 114-8127

CR2E034 (9/96)