

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 544138 (1)**  
1. Corporation Name  
**ROBERT E. AUSTIN JR., PROFESSIONAL ASSOCIATION**



Principal Place of Business Mailing Address  
**1321-C WEST CITIZENS BLVD.  
LEESBURG FL 34748-3985  
US** **1321-C WEST CITIZENS BLVD.  
P.O. BOX 490200  
LEESBURG FL 34749-0200  
US**

3. Date Incorporated or Qualified **09/01/1977** 3a. Date of Last Report **08/14/1995**  
4. FEI Number **59-6535800** 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

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**AUSTIN JR, ROBERT E  
1321-C W. CITIZENS BLVD.  
LEESBURG FL 34748**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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: *Robert E. Austin Jr.* DATE: **8/6/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	AUSTIN JR, ROBERT E		
1321-C W CITIZENS BLVD.		13 STREET ADDRESS	
LEESBURG, FL 00000		14 CITY - ST - ZIP	
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address  
SIGNATURE: *Robert E. Austin Jr.* DATE: **8/6/96** 352-728-1020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT E. AUSTIN JR PRES**

CR2E034 (3/96)