

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:30

DOCUMENT # F75623

(1)

1. Corporation Name

R. JACKSON MCGILL, P.A.

Principal Place of Business

FOUNTAIN SQUARE PROFESSIONAL BUILDING
SUITE 101, 1101 SOUTH TAMiami TRAIL
VENICE FL 34285

Mailing Address

FOUNTAIN SQUARE PROFESSIONAL BUILDING
SUITE 101, 1101 SOUTH TAMiami TRAIL
VENICE FL 34285

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1982

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2179708

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

21 2033 MAIN STREET

Suite, Apt. #, etc.

22 SUITE 402

City & State

23 SARASOTA FL

Zip

24 34237

Country

25 SARASOTA

2a. Mailing Address

26 2033 MAIN STREET

Suite, Apt. #, etc.

27 SUITE 402

City & State

28 SARASOTA FL

Zip

29 34237

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

MCGILL, ROBERT JACKSON
1101 S TAMiami TRAIL #101
VENICE FL 34288

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
MCGILL, ROBERT J
1101 S TAMiami TRAIL 101
VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2033 MAIN STREET, SUITE 402
SARASOTA, FL 34237

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(h), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-95 (813) 955-9942