

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY - 1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007409 (3)

1. Corporation Name

A. D. RING, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **240 N. WASHINGTON BLVD. SUITE 700 SARASOTA FL 34236**
Mailing Address: **240 N. WASHINGTON BLVD. SUITE 700 SARASOTA FL 34236**

3. Date Incorporated or Qualified: **01/31/1994**
3a. Date of Last Report

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **52-1350624**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**
City & State: **23**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
Zip: **24** Country: **25**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

City & State: **23**
Zip: **24** Country: **25**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**DART FORD & SPIVEY, P.A.
1549 RINGLING BLVD.
SUITE 600
SARASOTA FL 34236**

10. Name and Address of New Registered Agent:
81 Name: **Louis R. du Treil, Sr.**
82 Street Address (P.O. Box Number is Not Acceptable): **8937 Grey Oaks Avenue**
83
84 City: **Sarasota** 85 Zip Code: **FL 34238**

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, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Louis R. du Treil* DATE: **April 12, 1995**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1 2 NAME	P John A. Lundin
STREET ADDRESS		1 3 STREET ADDRESS	4603 4th Ave NE
CITY - ST - ZIP		1 4 CITY - ST - ZIP	Bradenton, FL 34208
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2 2 NAME	V Louis R. du Treil, Sr.
STREET ADDRESS		2 3 STREET ADDRESS	8937 Grey Oaks Avenue
CITY - ST - ZIP		2 4 CITY - ST - ZIP	Sarasota, FL 34238
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3 2 NAME	T/S Ronald D. Rackley
STREET ADDRESS		3 3 STREET ADDRESS	6521 Wood Pond Drive
CITY - ST - ZIP		3 4 CITY - ST - ZIP	Bradenton, FL 34202
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 my address.

SIGNATURE: *Louis R. du Treil, V.P.* DATE: **12 April, 1995** TELEPHONE: **813/366-2611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LOUIS R. DU TREIL**