

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G15929

(4)

1. Corporation Name

R. JOHN COLE, II, P.A.

Principal Place of Business

**1605 MAIN ST. STE 606
SARASOTA FL 34236**

Mailing Address

**1605 MAIN ST. STE 606
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1982

3a. Date of Last Report

06/03/1994

4. FEI Number

59-2257722

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 46 N. Washington Boulevard

2a. Mailing Address

26 46 N. Washington Boulevard

Suite, Apt. #, etc.

22 Suite 12

Suite, Apt. #, etc.

27 Suite 12

City & State

23 Sarasota, Florida

City & State

28 Sarasota, Florida

Zip

24 34236

Country

25 U.S.A.

Zip

29 34236

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**COLE, R. JOHN, II
1605 MAIN ST, STE 606
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

R. JOHN COLE, II

82 Street Address (P.O. Box Number is Not Acceptable)

46 N. Washington Boulevard, Suite 12

83

84 City

Sarasota

FL

85 Zip Code

34236

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 **R. JOHN COLE, II**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4-25-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLE, R. JOHN, II
STREET ADDRESS	1605 MAIN STREET
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	46 N. Washington Boulevard, Suite 12
1.4 CITY, ST, ZIP	Sarasota, Florida 34236
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. JOHN COLE, II

4-25-95

(813) 365-4055

(Type in 17 boxes)