

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 1996

ALSO FILED IN
TALLAHASSEE, FLORIDA

DOCUMENT # J59384

(4)

1. Corporation Name

RAYMOND K. SISLER, P.A.

Principal Place of Business

2622 NW 43 ST B1
GAINESVILLE FL 32606

Mailing Address

P.O. BOX 14563
GAINESVILLE FL 32604
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created

03/01/1987

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2766493

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

6. This corporation has liability for intangible tax under S. 198.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SISLER, RAYMOND K.
2622 NW 43 ST B1
GAINESVILLE FL 32606

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 in Florida to 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Agent is not a natural person, the signature of the person authorized to sign on behalf of the agent must be provided.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PST
NAME	SISLER, RAYMOND K.
STREET ADDRESS	2622 NW 43 ST B1
CITY & STATE	GAINESVILLE FL
NAME	VD
NAME	SISLER, RAYMOND K.
STREET ADDRESS	2622 NW 43 ST B1
CITY & STATE	GAINESVILLE FL
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(2)(b), Florida Statutes. I further certify that the information is included on this annual report or supplemental annual report as 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 registered agent empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an additional report with an address.

SIGNATURE:

Raymond K. Sisler

Raymond K Sisler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

(904) 373-3553