

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 355653

(7)

1. Corporation Name

ROBERT A. CAIRNS, INC.

Principal Place of Business

425 W. COLONIAL DRIVE
SUITE 206
ORLANDO FL 32804

Mailing Address

425 W. COLONIAL DRIVE
SUITE 206
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1969

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1278644

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 1245 Spring Lake Drive

Suite, Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

Zip

Country

24 32804

25 Orange

27 City & State

28 Same

Zip

Country

29 Same

30

9. Name and Address of Current Registered Agent

CAIRNS, ROBERT A
425 W. COLONIAL DRIVE, SUITE 206
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

Robert A. Cairns

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

1245 Spring Lake Drive

83

84 City

Orlando

FL

85 Zip Code

32804

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 A. Cairns

Signature of Registered Agent (required when not the corporation)

Date

4/3/95

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CAIRNS, ROBERT A
STREET ADDRESS	425 W. COLONIAL DR S 206
CITY, ST, ZIP	ORLANDO 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. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	1245 Spring Lake Drive
4. CITY, ST, ZIP	Orlando, FL 32804
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

Robert A. Cairns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Cairns

4/3/95

407-649-8445