

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **601170 (4)**

1. Corporation Name
RICHARD P. LAMB AND ASSOCIATES PA



Principal Place of Business: **428 E COLLEGE AVE TALLAHASSEE FL 32301**
Mailing Address: **428 E COLLEGE AVE TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified: **06/27/1969**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
26. **Richard P. Lamb + Asso. P.A.**
27. Suite, Apt. #, etc.
27. **2536 MARSTON Rd**
28. City & State
28. **Tallahassee, FL**
29. Zip
29. **32312**
30. Country
30. **LEON**

4. FEI Number: **59-1289987**
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

9. Name and Address of Current Registered Agent
**ASHMORE, R E
430 E COLLEGE AVE
TALLAHASSEE FL**

10. Name and Address of New Registered Agent
E1. Name
E2. Street Address (P.O. Box Number is Not Acceptable)
E3.
E4. City
FL E5. 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: _____ DATE: _____
Signature (typed or printed name of registered agent and block applicable) (Typed Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LAMB, RICHARD P | |
| STREET ADDRESS | 428 EAST COLLEGE AVE. | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROBISON JR, WM F | |
| STREET ADDRESS | 443 EAST COLLEGE AVE. | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ASHMORE, R E | |
| STREET ADDRESS | 430 EAST COLLEGE AVE. | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: Richard P. Lamb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96 (904) 224-1213
DATE TELEPHONE NUMBER

CR2E034 (12/95)