

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PH 3: 08

DOCUMENT # 603172 (8)

1. Corporation Name
RAYMOND, P.A.

Principal Place of Business
**125 BUTLER ST
WEST PALM BEACH FL 33407-6105**

Mailing Address
**125 BUTLER ST
WEST PALM BEACH FL 33407-6105**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1971	3a. Date of Last Report 02/17/1994
21		2a		4. FEI Number 59-1365712	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
23	28	24	25	29	30
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

**RAYMOND, THOMAS F
125 BUTLER ST.
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, G DAVID	1.2 NAME	
STREET ADDRESS	125 BUTLER ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, THOMAS F	2.2 NAME	
STREET ADDRESS	125 BUTLER ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: *X David Raymond* **X 2 Feb 95** **X 407.6553255**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR