

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **603682** (6)

1. Corporation Name:
RONALD B. COSBY P.A.



Principal Place of Business: **25400 US HWY 19 N. 299 SUITE 299 CLEARWATER FL 34623**
Mailing Address: **25400 US HWY 19 N. 299 SUITE 299 CLEARWATER FL 34623**

3. Date Incorporated or Qualified: **08/02/1972**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **59-1417951**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: **Sumo as above**
22. City & State:
23. Zip: Country:
24. 25. 26. 27. 28. 29. 30. Mailing Address: **Sumo as above**

9. Name and Address of Current Registered Agent:
**JOHNSON, BRIAN E.
7190 SEMINOLE BLVD.
CLEARWATER, FL
SEMINOLE FL 33542**

10. Name and Address of New Registered Agent:
81 Name: **Steve Coleman**
82 Street Address (P.O. Box Number is Not Acceptable): **311 Park Place Blvd**
83 **Suite 240**
84 City: **Clearwater** 85 Zip Code: **FL 34619**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/10/96**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	COSBY, R B	
STREET ADDRESS	25400 US HWY 19, N., 299	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	500008756805
34 CITY-STATE-ZIP	03/26/96--01000--001
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	**4200.00
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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: *Ronald B. Cosby* - **Ronald B. Cosby** 1-24-96 813/796-3818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)