

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F29358

(1)

1. Corporation Name

ROBERT R. HAGAMAN & ASSOCIATES, TRIAL LAWYERS &
COUNSELORS AT LAW, CHARTERED



Principal Place of Business

720 N GOODLETTE ROAD
SUITE 201
NAPLES FL 33940
US

Mailing Address

% ROBERT R HAGAMAN
PO BOX 7639
NAPLES FL 33941-7639
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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29

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9. Name and Address of Current Registered Agent

HAGAMAN, ROBERT R
PO BOX 7639
NAPLES FL 33941

3. Date Incorporated or Qualified

04/13/1981

3a. Date of Last Report

01/17/1995

4. FEI Number

59-2084065

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

10. Name and Address of New Registered Agent

81 Name

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

607 MYATLE ROAD

83

84

NAPLES

FL

85

33943

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

By _____, Registered Agent, whose name is on the attached statement.

Attest: _____, Assistant Secretary or Assistant Registrar.

DATE

12. OFFICERS AND DIRECTORS

1. NAME	PDV HAGAMAN, ROBERT R	☐ DELETE
2. STREET ADDRESS	PO BOX 7639 NA	
3. CITY, ST, ZIP	NAPLES, FL 00000	
4. NAME		☐ DELETE
5. STREET ADDRESS		
6. CITY, ST, ZIP		
7. NAME		☐ DELETE
8. STREET ADDRESS		
9. CITY, ST, ZIP		
10. NAME		☐ DELETE
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. NAME		☐ DELETE
14. STREET ADDRESS		
15. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. 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 supplementary 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:

ROBERT R. HAGAMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

941-643-3370

Date

Office Phone

CR2E034 (12/95)