

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 PM 2:52

DOCUMENT # F43409

(4)

1. Corporation Name

ROBERT D. SUMNER, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**106 SOUTH 6TH STREET
PO DRAWER 1047
DADE CITY FL 33525
US**

3. Date Incorporated or Qualified **09/03/1981** 3a. Date of Last Report **02/08/1994**

2. Principal Place of Business 2a. Mailing Address
21 14150 - 6th Street **26 14150 - 6th Street**

4. FEI Number **59-2117033** Applied For ☐ Not Applicable ☐

State, Apt. #, etc. State, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 Same 27 Same

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State City & State

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

23 Same 28 Same

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

24 Same 25 Same 29 Same 30 Same

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMNER, ROBERT D.
106 SOUTH 6TH STREET
DADE CITY FL 33525**

81 Name **Same**
82 Street Address (P.O. Box Number is Not Acceptable) **14150 - 6th Street**
83
84 City **Same** **FL** 85 Zip Code **Same**

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 D. Sumner

January 10, 1995

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

1. NAME	PSD	1. NAME	Same	☒ Change ☐ Addition
2. STREET ADDRESS	SUMNER, ROBERT D	2. NAME	Same	
3. CITY, ST, ZIP	106 S 6TH ST	3. STREET ADDRESS	14150 - 6th Street	
4. NAME	DADE CITY, FL 00000	4. CITY, ST, ZIP	Same	
5. NAME		5. NAME		☐ Change ☐ Addition
6. STREET ADDRESS		6. STREET ADDRESS		
7. CITY, ST, ZIP		7. CITY, ST, ZIP		☐ Change ☐ Addition
8. NAME		8. NAME		
9. STREET ADDRESS		9. STREET ADDRESS		☐ Change ☐ Addition
10. CITY, ST, ZIP		10. CITY, ST, ZIP		
11. NAME		11. NAME		☐ Change ☐ Addition
12. STREET ADDRESS		12. STREET ADDRESS		
13. CITY, ST, ZIP		13. CITY, ST, ZIP		☐ Change ☐ Addition
14. NAME		14. NAME		
15. STREET ADDRESS		15. STREET ADDRESS		☐ Change ☐ Addition
16. CITY, ST, ZIP		16. CITY, ST, ZIP		
17. NAME		17. NAME		☐ Change ☐ Addition
18. STREET ADDRESS		18. STREET ADDRESS		
19. CITY, ST, ZIP		19. CITY, ST, ZIP		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included in 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 liquidator empowered to file this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers or directors of the corporation or receiver or liquidator.

SIGNATURE: *Robert D. Sumner* Robert D. Sumner January 10, 1995 (904) 567-5658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR