

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 # F43409

(4)

1. Corporation Name

ROBERT D. SUMNER, P.A.



Principal Place of Business

14150 - 6TH STREET  
PO DRAWER 1047  
DADE CITY FL 33525  
US

Mailing Address

14150 - 6TH STREET  
PO DRAWER 1047  
DADE CITY FL 33523-047  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 33526-1047 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/03/1981

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2117033

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

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)

14150 - 6th Street

83

84 City

FL

85 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

Signature of authorized officer or director of registered agent (if not a corporation, the name of the individual) (P.O. Box Number is Not Acceptable) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME  
PSD  
SUMNER, ROBERT D  
STREET ADDRESS  
14150 - 6TH STREET  
CITY-ST-ZIP  
DADE CITY, FL 00000

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 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:

*Robert D. Sumner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Sumner

Jan. 25, 1996

(904) 567-5658

Date

Daytime Phone #

CR2E034 (12/95)