

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97406** (5)

1. Corporation Name
LAWRENCE C. RICE, P.A.

Principal Place of Business
**762 LAYPORT DR
SEBASTIAN FL 32958
US**

Mailing Address
**762 LAYPORT DR
SEBASTIAN FL 32958
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/30/1982

3a. Date of Last Report
04/21/1994

4. FEI Number
59-2222884

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 § 199 (199)
Florida Statutes Yes No

2. Principal Place of Business

21 **365 W. FOREST TR.** 26 **365 W. FOREST TR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 **VERO BEACH, FL.** 28 **VERO BEACH, FL**
City & State City & State

24 **32962** 25 **U.S.** 29 **32962** 30 **U.S.**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**RICE, LAWRENCE C
762 LAYPORT DR
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
365 W. FOREST TRAIL

83

84 City **VERO BEACH** FL 85 **32962**
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICE, LAWRENCE C
STREET ADDRESS	762 LAYPORT DR
CITY - ST - ZIP	SEBASTIAN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	365 W. FOREST TRAIL
1.4 CITY - ST - ZIP	VERO BEACH, FL 32962
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 unchanged, or on an attachment with my address.

SIGNATURE: Lawrence C. Rice D/P
MAY 1995 (407) 778-1698
LAWRENCE C. RICE