

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G14638** (2)

1. Corporation Name

RICHARD S. WEBB, IV P.A.



Principal Place of Business

**2 NORTH TAMiami TRAIL
STE 500
SARASOTA FL 34236
US**

Mailing Address

**2 NORTH TAMiami TRAIL
STE 500
SARASOTA FL 34236
US**

3. Date Incorporated or Qualified
12/22/1982

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2275568

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

9. Name and Address of Current Registered Agent

**WEBB, RICHARD S. IV
2 NORTH TAMiami TRAIL
STE 500
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

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

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 a registered agent under 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the above agent)

Signature of Registered Agent (if different from the above agent)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PD	1.1 TITLE ☐ Change ☐ Addition
2. NAME WEBB, RICHARD	2. NAME
3. STREET ADDRESS 4679 STONE RIDGE TRAIL	3. STREET ADDRESS
4. CITY-STATE-ZIP SARASOTA FL	4. CITY-STATE-ZIP
5. TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY-STATE-ZIP	8. CITY-STATE-ZIP
9. TITLE ☐ DELETE	9.1 TITLE ☐ Change ☐ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY-STATE-ZIP	12. CITY-STATE-ZIP
13. TITLE ☐ DELETE	13.1 TITLE ☐ Change ☐ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY-STATE-ZIP	16. CITY-STATE-ZIP
17. TITLE ☐ DELETE	17.1 TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY-STATE-ZIP	20. 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 this 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 change 1, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-96 (941) 957-1800

CR2E034 (12/95)