

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED

95 MAY -1 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G15929**

**(4)**

1. Corporation Name

**R. JOHN COLE, II, P.A.**

Principal Place of Business

1605 MAIN ST. STE 606  
SARASOTA FL 34236

Mailing Address

1605 MAIN ST. STE 606  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1982

3a. Date of Last Report

06/03/1994

4. FEI Number

59-2257722

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

2. Principal Place of Business

21 46 N. Washington Boulevard

2a. Mailing Address

26 46 N. Washington Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 12

27 Suite 12

City & State

City & State

23 Sarasota, Florida

28 Sarasota, Florida

Zip

Country

Zip

Country

24 34236

25 U.S.A.

29 34236

30 U.S.A.

9. Name and Address of Current Registered Agent

COLE, R. JOHN, II  
1605 MAIN ST, STE 606  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

R. JOHN COLE, II

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

46 N. Washington Boulevard, Suite 12

83

84 City

Sarasota

FL

85 Zip Code

34236

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 R. JOHN COLE, II

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

4-25-95

12. OFFICERS AND DIRECTORS

|                |                   |
|----------------|-------------------|
| TITLE          | PD                |
| NAME           | COLE, R. JOHN, II |
| STREET ADDRESS | 1605 MAIN STREET  |
| CITY, ST, ZIP  | SARASOTA 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | 46 N. Washington Boulevard, Suite 12                                         |
| 1.4 CITY, ST, ZIP  | Sarasota, Florida 34236                                                      |
| 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
R. JOHN COLE, II

4-25-95

(813) 365-4055