

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H10397** (8)

1. Corporation Name
RICHARD M. POWERS, P.A.

Principal Place of Business % RICHARD M. POWERS #701 BARNETT BANK BLDG. 315 S CALHOUN TALLAHASSEE FL 32301	Mailing Address % RICHARD M. POWERS #701 BARNETT BANK BLDG. 315 S CALHOUN TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 315 South Calhoun St. Suite, Apt. #, etc. 22 Suite 308 City & State 23 Tallahassee, FL Zip 24 32301		2a. Mailing Address 26 315 South Calhoun St. Suite, Apt. #, etc. 27 Suite 308 City & State 28 Tallahassee, FL Zip 29 32301		3. Date Incorporated or Qualified 06/29/1984	
				4. FEI Number 59-2424844	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent POWERS, RICHARD M. STE #701 BARNETT BANK BUILDING 315 S. CALHOUN ST. TALLAHASSEE FL				10. Name and Address of New Registered Agent 81 Name Richard M. Powers 82 Street Address (P.O. Box Number is Not Acceptable) 315 South Calhoun St. 83 Suite 308 84 City Tallahassee FL 85 Zip Code 32301			
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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

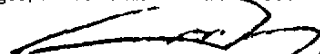
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	POWERS, RICHARD M.			1.2 NAME			
STREET ADDRESS	315 S. CALHOUN ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	POWERS, RICHARD M.			2.2 NAME			
STREET ADDRESS	315 S. CALHOUN ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

 **Richard M. Powers** 4-1-98 850-224-5534

CR2E034 (10/97)