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PROFIT CORPORATION ANNUAL REPORT



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

1996

H18983

DOCUMENT #

1. Corporation Name

LUND & RICHARDSON, PA

| Dringing Diggs of Rusiness Mailing Address | | | | | | | | | | | |
|---|--|-----------------------------------|--|-------------------------|----------------------|---------------------------------------|---|------------------------------------|--------------------|---|--|
| Principal Place of Business 1001 N.WASHINGTON BLVD. SARASOTA FL 34236 Mailing Address 1001 N.WASHINGTON BLVD. SARASOTA FL 34236 SARASOTA FL 34236 | | | | | | | | | | | |
| SARASOTA FL 34236 SARAS | | | SANASOTA FE 34250 | INSUIN PL SYESS | | | 3. Date Incorporated or Qualified 08/22/1984 | 3a. Date of Last Report 05/01/1995 | | | |
| 2. Principal F | Piace of Business | 2a | . Mailing Address | | | | 4. FEI Number | | | pplied For | |
| 21 | | 26 | Cuito And # oto | | | | 59-2441333 | | | lot Applicable Additional | |
| Suite, Apt | #, etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | lequired | |
| City & Sta | ite | 1 | City & State | | | | 6. Election Campaign Financing | | \$5.00 |) May Be | |
| 23 | 28 | | | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | — ├─ | | + — | untry | 8. This corporation has liability for | | | | | |
| 24 | 25 29 29 3. Name and Address of Current Registered Agent | | 30 |]30] | | Florida Statutes | | | | | |
| | g, Hattle and Address of Colfe | iii iiegi. | Noted Agent | | 81 Name | <u>-</u> : | V | | | | |
| RICHA | ARDSON, RAYMOND R. JR. | | | | 82 Street | Address | (P.O. Box Number is Not Acceptab | nle) | | | |
| | N. WASHINGTON BLVD. | | | | Silber / | Audi 655 | | | | | |
| SARA | SOTA FL 34236 | | | | 83 | | | | | | |
| | | | | | 84 City | | | -, | 85 Zıç | Code | |
| | It to the provisions of Sections 607.050 | | | | | | | <u>FL</u> | 1 2 2 2 2 | seletered office | |
| or registe | ered agent, or both, in the State of Flor with, and accept the obligations of, Sec | rida. Suc | h change was authoriz | zed by the | corporation's | board of | directors. Thereby accept the app | ointment as reg | gisterea | agent. I am | |
| Signature, typed or printed name of registered agent and title 4 applicable. (NOTE Registered Agent s | | | | | | equired whe | n reinstating: ADDITIONS/CHANGES TO OFF | DATE | PECTO | DÇ INI 12 | |
| 12. | | OFFICERS AND DIRECTORS PD DELETE | | 13. | 1.1 TITLE | | ADDITIONS/CHANGES TO OFF | | Change | Addition | |
| TITLE NAME | RICHARDSON, RAYMOND | T. | | | NAME | | | _ | | | |
| STREET ADDRESS | TOOL MINISCHINGTON DIV | | | | STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | SARASOTA FL | | | 1.4 | CITY-ST-ZIP | | | | | | |
| TITLE | | | ☐ DEFELE | 2. 1 | TITLE | STO | | | Change | Addition | |
| NAME | | | | 22 | NAME | الما | DD, S. DENICE IN NO. WASHINGTON ALASOTA, FC | | | | |
| STHEET ADDRESS | s | | | 2.3 | STREET ADDRESS | 100 | NO. WASHINGTON | BLUD | • | | |
| CITY-ST-ZIP | | | DELETE | | CITY-ST-ZIP TITLE | 5 | ARASOTA, FL | | Change | [Addition | |
| TITLE | | | ☐ otten | | NAME | | | | onang. | | |
| NAME CYCEL LADDRESS | | | | | STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | CITY-ST-ZIP | | | | | | |
| TITLE | | | DELETE | | TITLE | 1 | | | Change | Addition | |
| NAME: | | | | 4.2 | NAME | | | | | | |
| STREET ADDRESS | s | | | 4.3 | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | - | | CITY - ST - ZIP | | | | Ober | [] () () () () () () () () () (| |
| TITLE | | | ☐ DELETE | | TITLE | | | L | Change | ☐ Addition | |
| NAME | | | | | NAME | | | | | | |
| STREET ADDRESS | S | | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | | CITY-ST-ZIP TITLE | | | | Change | Addition | |
| NAME | | | | | NAMÉ | | | | | | |
| STREET ADDRESS | s | | | | STREET ADDRESS | | | | | | |
| CiTY-ST-ZiP | | | | 6.4 | CITY - ST - ZIP | | | | | | |
| 14. I do her certify th | reby certify that the information supplied hat the information indicated on this an lat I am an officer or director of the corps in Block 12 or Block 13 if changed, o | nual repr | ort or supplemental an or the receiver or trust | nual repor ee enioow | t is true and a | courate a | and that my signature snall have the | a same ledal er | ieci as i | made under | |
| SIGNA | TURE: | The | ED NAME OF SIGNING OFFIC | | CTOR | | 4/25/96 Date | 941 Days | -365 icie Prone | 7105 | |

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