

**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

**FILED**  
95 JUL 10 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H27026 (4)**

1. Corporation Name  
**ALICE L. CUSHMAN, P.A.**

Principal Place of Business Mailing Address  
**13575 58 ST NORTH #128 CLEARWATER FL 34620**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/25/1984** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **696 First Avenue North** 26 **696 First Avenue North**

4. FEI Number **59-2606791** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 201** 27 **Suite 201**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State City & State  
23 **St. Petersburg, FL** 28 **St. Petersburg, FL**

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country Zip Country  
24 **33701** 25 **FL** 29 **33701** 30 **FL**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUSHMAN, ALICE L.  
13575 58TH STREET NORTH, #128  
CLEARWATER FL 34620**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**696 First Avenue North**  
83 **Suite 201**  
84 City **St. Petersburg** **FL** 85 Zip Code **33701**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSHMAN, ALICE L.	1.2 NAME	
STREET ADDRESS	13575 58TH ST N #128	1.3 STREET ADDRESS	696 First Avenue North, Suite 201
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(2)(d), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alice L. Cushman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/29/95 (813) 823-1514

Date Office Phone #