

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H97077

(2)

1. Corporation Name

ROBERT E. BUCKMASTER, P.A.



Principal Place of Business

712 BALLARD STREET  
P.O. BOX 151320  
ALTAMONTE SPRINGS FL 32715-8320

Mailing Address

712 BALLARD STREET  
P.O. BOX 151320  
ALTAMONTE SPRINGS FL 32715-8320

2. Principal Place of Business

2a. Mailing Address

|    |                     |         |    |                     |         |
|----|---------------------|---------|----|---------------------|---------|
| 21 | State, Apt. #, etc. |         | 26 | State, Apt. #, etc. |         |
| 22 | City & State        |         | 27 | City & State        |         |
| 23 | Zip                 | Country | 28 | Zip                 | Country |
| 24 | 25                  | 29      | 30 |                     |         |

9. Name and Address of Current Registered Agent

BUCKMASTER, ROBERT E.  
712 BALLARD STREET  
ALTAMONTE SPRINGS FL 32715-8320

3. Date Incorporated or Qualified  
02/01/1986

3a. Date of Last Report  
02/09/1995

4. FEI Number  
59-2630780

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

10. Name and Address of New Registered Agent

|    |                                                    |             |
|----|----------------------------------------------------|-------------|
| 81 | Name                                               |             |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |             |
| 83 |                                                    |             |
| 84 | City                                               | 85 Zip Code |

FL

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 of person to whom the report is filed and the filer's agent)

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

|       |                       |                                 |
|-------|-----------------------|---------------------------------|
| 12.1  | PTD                   | <input type="checkbox"/> DELETE |
| 12.2  | BUCKMASTER, ROBERT E. |                                 |
| 12.3  | 712 BALLARD ST.       |                                 |
| 12.4  | ALTAMONTE SPRINGS FL  |                                 |
| 12.5  | SD                    | <input type="checkbox"/> DELETE |
| 12.6  | MEAD, ROBERT W., JR.  |                                 |
| 12.7  | 800 N. MAGNOLIA AVE.  |                                 |
| 12.8  | ORLANDO FL            |                                 |
| 12.9  |                       | <input type="checkbox"/> DELETE |
| 12.10 |                       |                                 |
| 12.11 |                       | <input type="checkbox"/> DELETE |
| 12.12 |                       |                                 |
| 12.13 |                       | <input type="checkbox"/> DELETE |
| 12.14 |                       |                                 |
| 12.15 |                       | <input type="checkbox"/> DELETE |
| 12.16 |                       |                                 |
| 12.17 |                       | <input type="checkbox"/> DELETE |
| 12.18 |                       |                                 |
| 12.19 |                       | <input type="checkbox"/> DELETE |
| 12.20 |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|       |                 |                                                                   |
|-------|-----------------|-------------------------------------------------------------------|
| 13.1  | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2  | NAME            |                                                                   |
| 13.3  | STREET ADDRESS  |                                                                   |
| 13.4  | CITY - ST - ZIP |                                                                   |
| 13.5  | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6  | NAME            |                                                                   |
| 13.7  | STREET ADDRESS  |                                                                   |
| 13.8  | CITY - ST - ZIP |                                                                   |
| 13.9  | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 | NAME            |                                                                   |
| 13.11 | STREET ADDRESS  |                                                                   |
| 13.12 | CITY - ST - ZIP |                                                                   |
| 13.13 | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 | NAME            |                                                                   |
| 13.15 | STREET ADDRESS  |                                                                   |
| 13.16 | CITY - ST - ZIP |                                                                   |
| 13.17 | TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 | NAME            |                                                                   |
| 13.19 | STREET ADDRESS  |                                                                   |
| 13.20 | 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(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 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

2/20/96

Daytime Phone #

CR2E034 (12/95)