

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J19395 (9)

1. Corporation Name

COUTURE & LINDSEY, C.P.A.'S, P.A.

Principal Place of Business

% CRAIG J. COUTURE
989 N. COLLIER BLVD #B
MARCO, ISLAND, FL. 33937

Mailing Address

% CRAIG J. COUTURE
989 N. COLLIER BLVD #B
MARCO, ISLAND, FL. 33937

APPROVED
AND
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2681395

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. 199.03?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUTURE, CRAIG J.
989 N. COLLIER BLVD. #B
MARCO ISLAND FL 33937

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.05(4) and 607.15(8), Florida Statutes, the above named corporation submits the 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, thereby accept the appointment as registered agent. I am

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	COUTURE, CRAIG J.
STREET ADDRESS	989 N. COLLIER BLVD. #B
CITY, STATE, ZIP	MARCO ISLAND FL
TITLE	VS
NAME	LINDSEY, STEVEN L.
STREET ADDRESS	989 N. COLLIER BLVD. #B
CITY, STATE, ZIP	MARCO ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, STATE, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, STATE, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, STATE, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the treasurer or highest empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with this report.

SIGNATURE:

Craig J. Couture
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG J. COUTURE, PRES.

5/1/95 (813) 642-0075