

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

**APPROVED
AND
FILED**

55 MAY - 1 11 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J93404** (8)

1. Corporation Name
JAMES A. HARTMAN, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% JAMES A. HARTMAN, 400 E SOUTH ST. STE 401, PO BOX 2001, ORLANDO FL 32801**
Mailing Address: **% JAMES A. HARTMAN, 400 E SOUTH ST. STE 401, PO BOX 2001, ORLANDO FL 32801**

3. Date Incorporated or Qualified: **09/17/1987**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business: **21** State Apt # etc: **22** City & State: **23** Zip: **24** County: **25**
2a. Mailing Address: **26** State Apt # etc: **27** City & State: **28** Zip: **29** County: **30**

4. FFI Number: **59-2858229** 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HARTMAN, JAMES A.
400 E. SOUTH ST
SUITE 401
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8) 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 607.05(5) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARTMAN, JAMES A.
STREET ADDRESS	400 E SOUTH ST, STE 201
CITY & STATE	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY & STATE	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
18 STREET ADDRESS	
18 CITY & STATE	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
19 STREET ADDRESS	
19 CITY & STATE	
20 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
20 STREET ADDRESS	
20 CITY & STATE	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
21 STREET ADDRESS	
21 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not equally for the purposes stated in Section 193.02(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 of this report, or on an attachment, at my address.

SIGNATURE: *James A. Hartman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95