

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J93404** (8)

1. Corporation Name

JAMES A. HARTMAN, P.A.



Principal Place of Business

% JAMES A. HARTMAN
400 E SOUTH ST. STE 401, PO BOX 2031
ORLANDO FL 32801

Mailing Address

% JAMES A. HARTMAN
400 E SOUTH ST. STE 401, PO BOX 2031
ORLANDO FL 32801

3. Date Incorporated or Qualified
09/17/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **400 EAST SOUTH STREET**

26 **400 EAST SOUTH STREET**

4. FEI Number
59-2858229

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE #200**

27 **SUITE #200**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **ORLANDO, FLORIDA**

28 **ORLANDO, FLORIDA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **32801**

25 **USA**

29 **32801**

30 **USA**

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

**HARTMAN, JAMES A.
400 E. SOUTH ST
SUITE 401
ORLANDO FL 32801**

81 Name

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

400 EAST SOUTH STREET

83 **SUITE 200**

84 City

ORLANDO

FL

85 Zip Code
32801

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 **JAMES A. HARTMAN**

(Signature, typed or printed name of registered agent and title if applicable)

(Signature of Registered Agent required when reinstating)

01-18-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **HARTMAN, JAMES A.**
CITY-ST-ZIP **400 E SOUTH ST, STE 401 200**
ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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(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 named, or on an attachment with an address.

SIGNATURE: **JAMES A. HARTMAN**

PRESIDENT

JANUARY 18, 1996

(407)425-2543

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (12/95)