

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdock
Secretary of State
City Hall, 100 South Capitol Street
Tallahassee, Florida 32304

APPROVED
AND
FILED

15 MAY -1 AM 5:25

DOCUMENT # K10143

(1)

1. Corporation Name

ROBERT GEORGE WILLMAN, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

240 N. WASHINGTON BLVD.
P. O. BOX 2282
SARASOTA FL 34230

Mailing Address

240 N. WASHINGTON BLVD.
P. O. BOX 2282
SARASOTA FL 34230

(PRINT OR WRITE IN THIS SPACE)

3. Date of Incorporation (if different)
01/04/1988

3a. Date of Last Report
05/01/1994

4. FFI Number
65-0026230

Applicable Fee
Not Applicable

5. Certificate of Status Expired
\$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 activities listed in 1995(12)
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State Agent

26. PO BOX 10365

22. State Agent

27. State Agent

23. State Agent

28. SARASOTA, FL

24. State Agent

29. 34278

25. State Agent

30. USA

9. Name and Address of Current Registered Agent

WILLMAN, ROBERT GEORGE
240 N. WASHINGTON BLVD.
SUITE 305
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box Number, if Applicable

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(6), 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(6), Florida Statutes.

SIGNATURE

R G Will

Robert G. Willman (mailing address chge)

4-28-95

12. OFFICERS AND DIRECTORS

12a. NAME
WILLMAN, ROBERT GEORGE
12b. STREET ADDRESS
240 N. WASHINGTON BLVD.
12c. CITY, STATE, ZIP
SARASOTA FL

12d. NAME
WILLMAN, ROBERT GEORGE
12e. STREET ADDRESS
240 N. WASHINGTON BLVD.
12f. CITY, STATE, ZIP
SARASOTA FL

12g. NAME
12h. STREET ADDRESS
12i. CITY, STATE, ZIP

12j. NAME
12k. STREET ADDRESS
12l. CITY, STATE, ZIP

12m. NAME
12n. STREET ADDRESS
12o. CITY, STATE, ZIP

12p. NAME
12q. STREET ADDRESS
12r. CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS: (12)

13a. NAME
13b. STREET ADDRESS
13c. CITY, STATE, ZIP

13d. NAME
13e. STREET ADDRESS
13f. CITY, STATE, ZIP

13g. NAME
13h. STREET ADDRESS
13i. CITY, STATE, ZIP

13j. NAME
13k. STREET ADDRESS
13l. CITY, STATE, ZIP

13m. NAME
13n. STREET ADDRESS
13o. CITY, STATE, ZIP

13p. NAME
13q. STREET ADDRESS
13r. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 13(1)(b), Florida Statutes. I further certify that the information supplied with 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 appointed to make this report as required by Chapter 427, Florida Statutes, and that my name appears in Block 1, or Block 1a, of the completed filing as an attachment with an address.

SIGNATURE:

R G Will

Robert G. Willman

4-28-95

813 365-7532

SIGNATURE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR