

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K10916** (0)

1. Corporation Name
RAYMOND L. BALLOU, P.A.



Principal Place of Business Mailing Address
~~6830 CENTRAL AVENUE~~
~~SUITE D~~
~~ST. PETERSBURG FL 33707~~
~~6830 CENTRAL AVENUE~~
~~SUITE D~~
~~ST. PETERSBURG FL 33707~~

3. Date Incorporated or Qualified: **01/06/1988**
3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-2875017**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 P.O. Box 47565 26 P.O. Box 47565
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 St. Petersburg, FL 28 St. Petersburg, FL
24 Zip 33743 25 Country Pinellas 29 Zip 33743 30 Country Pinellas

9. Name and Address of Current Registered Agent
BALLOU, RAYMOND L.
~~6830 CENTRAL AVENUE~~
~~SUITE D~~
~~ST. PETERSBURG FL 33707~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
511 Sandy Hook Road
83
84 City **Treasure Island** FL 85 Zip Code **33706**

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]* DATE: **4-8-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BALLOU, RAYMOND L.	
STREET ADDRESS	6830 CENTRAL AVE., STE D	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	511 SANDY HOOK RD
1.4 CITY - ST - ZIP	TREASURE ISLAND FL 33706
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P.O. Box 47565
2.4 CITY - ST - ZIP	St. Petersburg, FL 33743
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	500001804305
4.4 CITY - ST - ZIP	-05702796--01015--008
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***200.00
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or as an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-8-96** TELEPHONE: **(813) 363-8120**

CR2E034 (12/95)

05/01/96