

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L25720** (8)

1. Corporation Name

ROBERT A. RAND, P.A.



Principal Place of Business

**1330 THOMASVILLE RD
TALLAHASSEE FL 32303
US**

Mailing Address

**1330 THOMASVILLE RD
TALLAHASSEE FL 32303
US**

2. Principal Place of Business

21 **909 E. PARK AVE.**

Suite, Apt. #, etc.

2a. Mailing Address

26 **909 E. PARK AVE.**

Suite, Apt. #, etc.

City & State

23 **Tallahassee FL**

Zip

32301

Country

LEON

City & State

28 **Tallahassee FL**

Zip

32301

Country

LEON

3. Date Incorporated or Qualified
10/25/1989

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

4. FFI Number

59-2906702

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. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**RAND, ROBERT A.
1330 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name

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

262 Hiawatha Drive

83

84 City

Tallahassee

FL

85 Zip Code

32312

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

Robert A. Rand

(Print, sign, and date signature in block)

4-12-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RAND, ROBERT A.**
STREET ADDRESS **1330 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Rand, Robert A.**
1.3 STREET ADDRESS **262 Hiawatha Dr.**
1.4 CITY-ST-ZIP **Tallahassee FL 32312**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

DATE

222-9192

Daytime Phone #

CR2E034 (12/95)