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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000008716 (2)

1. Corporation Name
R. KIMBER MARTIN, P.A.



Principal Place of Business

1680 EL JOBEAN ROAD
2
PORT CHARLOTTE FL 33948
US

Mailing Address

1680 EL JOBEAN ROAD
2
PORT CHARLOTTE FL 33948-1249
US

3. Date Incorporated or Qualified

12/03/1992

3a. Date of Last Report

07/05/1996

4. FEI Number

65-0372686

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

2. Principal Place of Business

21 1777 TAMiami TRAIL

2a. Mailing Address

26 1777 TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 200

27 SUITE 200

City & State

City & State

23 PORT CHARLOTTE FL

28 PORT CHARLOTTE FL

Zip

Country

24 33948 USA

Zip

Country

29 33948 USA

9. Name and Address of Current Registered Agent

MARTIN, R. KIMBER
1680 EL JOBEAN ROAD
MURDOCK FL 33948

10. Name and Address of New Registered Agent

81 Name MARTIN, R. KIMBER

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

1777 TAMiami TRAIL

83 SUITE 200

84 City PORT CHARLOTTE

FL

85 Zip Code

33948

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

R. Kimber Martin

President

Jan 17 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MARTIN, R. KIMBER
STREET ADDRESS 1680 EL JOBEAN RD
CITY - ST - ZIP PORT CHARLOTTE 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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1777 TAMiami TRAIL SUITE 200

1.4 CITY - ST - ZIP PORT CHARLOTTE FL 33948

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

R. Kimber Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 17, 1997

941-743-
2990

CR2E034 (9/96)