

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P93000004875 (9)

95 MAY -1 PM 2:45

1. Corporation Name

RETIREMENT & INSURANCE PLANNING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**13014 N DALE MABRY HIGHWAY
SUITE 129
TAMPA FL 33618**

**13014 N DALE MABRY HIGHWAY
SUITE 129
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
01/15/1993

3a. Date of Last Report
04/18/1994

4. FCI Number
59-3158436

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**

7. Has corporation ever been delinquent for nonpayment of taxes under 19-121 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CICETTI, ROBERT
13014 N DALE MABRY HIGHWAY
SUITE 129
TAMPA FL 33618**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 Sections 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Accepting Appointment

Signature of Registered Agent or Registered Agent Accepting Appointment

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D
2. NAME	CICETTI, ROBERT
3. STREET ADDRESS	13014 N DALE MABRY HIGHWAY SUITE 129
4. CITY & STATE	TAMPA FL 33618
5. NAME	
6. STREET ADDRESS	
7. CITY & STATE	
8. NAME	
9. STREET ADDRESS	
10. CITY & STATE	
11. NAME	
12. STREET ADDRESS	
13. CITY & STATE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. NAME	
21. STREET ADDRESS	
22. CITY & STATE	

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. NAME	☐ Change ☐ Addition
12. NAME	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. NAME	☐ Change ☐ Addition
16. NAME	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. NAME	☐ Change ☐ Addition
20. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if it were made by the person or persons authorized to sign for the corporation or the registered agent or both in the State of Florida. I am familiar with and accept the obligations of Sections 607.0603, Florida Statutes, and that my signature appears on the report of the corporation or the registered agent or both in the State of Florida.

SIGNATURE:

Robert Cicetti
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 8/3