

**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 # P93000026123 (8)

1. Corporation Name  
**RONALD LANDRY, P.A.**



Principal Place of Business: 8410 U.S. HWY. 19 SUITE 105 PORT RICHEY FL 34668  
Mailing Address: 8410 U.S. HWY. 19 SUITE 105 PORT RICHEY FL 34668

3. Date Incorporated or Qualified: 04/09/1993  
3a. Date of Last Report: 01/30/1995  
4. FEI Number: 59-3176618  
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 11522 U.S. 19  
Suite, Apt. #, etc.: 22 SUITE 4  
City & State: 23 PORT RICHEY, FL  
Zip: 24 34668 Country: 25 USA  
2a. Mailing Address: 26 PO BOX 931  
Suite, Apt. #, etc.: 27  
City & State: 28 PORT RICHEY, FL  
Zip: 29 34673 Country: 30 USA

9. Name and Address of Current Registered Agent: LANDRY, RONALD 8410 U.S. HWY. 19 PORT RICHEY FL 34668  
10. Name and Address of New Registered Agent: 81 Name: RONALD LANDRY  
82 Street Address (P.O. Box Number is Not Acceptable): 10122 BRIAR CIR  
83  
84 City: HUDSON FL 85 Zip Code: 34667

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: *Ronald J. Landry (PRES)* RONALD J. LANDRY 4-12-96  
Signature, typed or printed name of signing officer or director (Typed name required for all states) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPST	<input type="checkbox"/> DELETE	1.1 TITLE: PRES/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LANDRY, RONALD		1.2 NAME: RONALD LANDRY	
STREET ADDRESS: 11600 SMITH BLVD.		1.3 STREET ADDRESS: 10122 BRIAR CIR.	
CITY-ST-ZIP: HUDSON FL 34667		1.4 CITY-ST-ZIP: HUDSON, FL 34667	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE: VICE-PRES/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		2.2 NAME: ANN MARIE LANDRY	
STREET ADDRESS:		2.3 STREET ADDRESS: 10122 BRIAR CIR	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP: HUDSON FL 34667	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 on an attachment with an address.  
SIGNATURE: *Ronald J. Landry* RONALD J. LANDRY 4-12-96 813-863-9355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date Printed)

CR2E034 (12/95)