

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000046322 (2)

1. Corporation Name

~~COLLINS, TRUETT & ASSOCIATES, P.A.~~

Collins, Shipman & Lucas, P.A.

Principal Place of Business

Mailing Address

2804 REMINGTON GREEN  
TALLAHASSEE FL 32308

PO DRAWER 12429  
TALLAHASSEE FL 32317-2429

FILED

95 APR 10 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900001454169  
-04/12/95--01037--017  
\*\*\*200.00 \*\*\*200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

06/30/1993

02/15/1994

4. FEI Number

59-3186809

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 § 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIPMAN, GARY A  
2804 REMINGTON GREEN  
TALLAHASSEE FL 32308

81 Name

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

83

84 City

FL

85 Zip Code

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |
|----------------|----------------------|
| TITLE          | DP                   |
| NAME           | COLLINS, RICHARD B   |
| STREET ADDRESS | 2804 REMINGTON GREEN |
| CITY ST ZIP    | TALLAHASSEE FL       |
| TITLE          | DS                   |
| NAME           | SHIPMAN, GARY A      |
| STREET ADDRESS | 2804 REMINGTON GREEN |
| CITY ST ZIP    | TALLAHASSEE FL       |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY ST ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
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| CITY ST ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY ST ZIP    |                      |

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY ST ZIP    |                                                                              |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS |                                                                              |
| 24 CITY ST ZIP    |                                                                              |
| 31 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME           | DS                                                                           |
| 33 STREET ADDRESS | LUCAS, BRETT Q                                                               |
| 34 CITY ST ZIP    | 2804 REMINGTON GREEN                                                         |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS | TALLAHASSEE, FL                                                              |
| 44 CITY ST ZIP    |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY ST ZIP    |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 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 110.07(3)(g), 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

Date

Signature Printed Name