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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:41

DOCUMENT # **P93000051375 (2)**

1. Corporation Name
R.A. PALM, CONSULTANT & CO.

Principal Place of Business	Mailing Address
470 MAIN STREET DUNEDIN FL 34698	470 MAIN STREET PO BOX 100 DUNEDIN FL 34697 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1993	3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-3191000	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARTMAN, ROBERT W
470 MAIN STREET
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE	DP	☒ Change ☐ Addition
NAME	PALM, CARL R	12 NAME	PALM, ROCHELLE A	
STREET ADDRESS	470 MAIN STREET	13 STREET ADDRESS	470 Main St.	
CITY-ST-ZIP	DUNEDIN FL	14 CITY-ST-ZIP	Dunedin Fl 34698	
TITLE	DP	21 TITLE	DTS	☒ Change ☐ Addition
NAME	PALM, ROCHELLE A	22 NAME	HARTMAN, ROBERT W	
STREET ADDRESS	470 MAIN STREET	23 STREET ADDRESS	466 VIRGINIA LANE	
CITY-ST-ZIP	DUNEDIN FL	24 CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	HARTMAN, ROBERT W	32 NAME		
STREET ADDRESS	466 VIRGINIA LANE	33 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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: Robert W. Hartman Treas. / Robert W. Hartman 4-7-95 813 733-7043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481710 FP