

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 2-12-96 B- 981-C

DOCUMENT # P94000001206 (9)

1. Corporation Name

MCCAFFREY & RAIMI, P.A.



Principal Place of Business

4501 TAMiami TRAIL NORTH
SUITE 202
NAPLES FL 33940

Mailing Address

4501 TAMiami TRAIL NORTH
SUITE 202
NAPLES FL 33940

2. Principal Place of Business

21 5811 Pelican Bay Blvd

Suite, Apt. #, etc.

22 Suite 206-A

City & State

23 Naples FL

Zip

24 33963

25

Country

2a. Mailing Address

26 5811 Pelican Bay Blvd

Suite, Apt. #, etc.

27 Suite 206-A

City & State

28 Naples FL

Zip

29 33963

30

Country

3. Date Incorporated or Qualified
01/05/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0458766

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

9. Name and Address of Current Registered Agent

MCCAFFREY, JUDITH E
C/O MCCAFFREY & RAIMI, P.A.
4501 TAMiami TRAIL N., SUITE 202
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Mc Caffrey, Judith E
82 Street Address (P.O. Box Number is Not Acceptable)
90 McCaffrey & Raimi, P.A.
83 5811 Pelican Bay Blvd, Suite 206A
84 City Naples FL 85 Zip Code 33963

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

DPS
NAME MCCAFFREY, JUDITH E
STREET ADDRESS 480 QUAIL FOREST BLVD., APT. 704
CITY-STATE-ZIP NAPLES FL 33940

EVT ☐ DELETE

NAME RAIMI, BURTON L
STREET ADDRESS 4452 STAGHORN LANE
CITY-STATE-ZIP SARASOTA FL 34238

D ☒ DELETE

NAME RAIMI, DIANE
STREET ADDRESS 4452 STAGHORN LANE
CITY-STATE-ZIP SARASOTA FL 34238

☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/96 (941) 514-2800

CR2E034 (12/95)