

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000008505 (7)**

1. Corporation Name

ROBERT L. LANE, P.A.



Principal Place of Business

**P.O. BOX 777
EASTPOINT FL 32328**

Mailing Address

**P.O. BOX 777
EASTPOINT FL 32328**

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

**LANE, ROBERT L
135 HWY 98
EASTPOINT FL 32328**

3. Date Incorporated or Qualified
02/02/1994

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

4. FEI Number

59-3220748

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

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 607.08(1)(a) and 607.11(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (unless it is the agent, or both in the State of Florida, both of which 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 607.08(1)(a) Florida Statutes.

SIGNATURE

Robert L. Lane

Date of Signature

DATE

4/19/95

12. OFFICERS AND DIRECTORS

12.1 NAME

**P
LANE, ROBERT L
P.O BOX 777 N/A 135 HWY 98
EASTPOINT FL 32328**

12.2 NAME

12.3 NAME

12.4 NAME

12.5 NAME

12.6 NAME

12.7 NAME

12.8 NAME

12.9 NAME

12.10 NAME

12.11 NAME

12.12 NAME

12.13 NAME

12.14 NAME

12.15 NAME

12.16 NAME

12.17 NAME

12.18 NAME

12.19 NAME

12.20 NAME

13.

13.1 NAME

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 NAME

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 NAME

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 NAME

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 NAME

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 included on this 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if change of name or other information with an address.

SIGNATURE:

Robert L. Lane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

9046788630

CRZE034 (12/95)