

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000009422 (4)**

1. Corporation Name

ROBERT E. WIGGINS, P.A.



Principal Place of Business

**36402 US HWY 19 N
OAKSDALE PROFESSIONAL CENTER
PAL HARBOR FL 34684
US**

Mailing Address

**36402 US HWY 19 N
OAKDALE CENTER
PALM HARBOR FL 34684
US**

3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

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Palm Harbor, FL

24

Zip

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Country

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

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Country

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4. FEI Number

59-3224474

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

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

Signature typed or printed for current registered agent or director (if applicable)

Signature typed or printed for new registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DPST
WIGGINS, ROBERT E
36402 US HWY 19 N
PAL HARBOR FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

Palm Harbor, FL 34684

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30. 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 119.01(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

DATE OF FILING

CR2E034 (12/95)