

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010100 (3)

1. Corporation Name

R.A. BILLING, INC.

Principal Place of Business

5210 SUNSET BLVD.
PORT RICHEY FL 34668-6445

Mailing Address

5210 SUNSET BLVD.
PORT RICHEY FL 34668-6445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3226004

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

21 7314 NEBRASKA AVE

2a. Mailing Address

26 P.O. BOX 578

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 NEW PORT RICHEY FL

27 City & State

28 PORT RICHEY FL

Zip

Country

24 34653

25 US

Zip

29 34673

Country

30 US

9. Name and Address of Current Registered Agent

LANIGAN, DAVID C
C/O STANFORD R. SOLOMON, P.A.
101 E. KENNEDY BLVD., SUITE 1818
TAMPA FL 33602

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWEENEY, KAROL
STREET ADDRESS	5210 SUNSET BLVD.
CITY-ST-ZIP	PORT RICHEY FL 34668-6445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	/ P/S/T	☒ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS	7314 NEBRASKA AVE	
1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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, as changed, or in an attachment with my address.

SIGNATURE:

KAROL SWEENEY

KAROL SWEENEY

3/20/95

8138422865

(Signature and printed name of signing officer or director)

(Signature Number)