

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

DOCUMENT # P94000019154 (1)

1. Corporation Name

ROBERT MEMOLI, P.A.

Principal Place of Business

4821 U.S. HIGHWAY 19
SUITE 2
NEW PORT RICHEY FL 34652

Mailing Address

4821 U.S. HIGHWAY 19
SUITE 2
NEW PORT RICHEY FL 34652

1817 U.S. HWY 19
HOLIDAY, FL
34691

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/10/1994

3a. Date of Last Report

4. FEI Number

59-322-9895

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

MEMOLI, ROBERT
9108 U.S. HWY 19, SUITE 2
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

MEMOLI, ROBERT

82 Street Address (P.O. Box Number is Not Acceptable)

1817 U.S. HWY 19

83 City

HOLIDAY

84 State

FL

85 Zip Code

34691

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

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE

NAME

STREET ADDRESS

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)(b), 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 Memoli

1-17-95 (813) 934-2000

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #