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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1006

| | 1990 | | | | | | | | | | |
|--|---|---|--|------------------------|---|---|--|---------------------------|--------------------------------|-----------------------------------|--|
| DOCUMENT # P9400027154 (1) 1. Corporation Name | | | | | | | | | | | |
| SAMUE | L R. RICHARDSON PROFE | SSIONAL ASSOCIATI | ION | | | | | | | | |
| | | | | | | | | | | | |
| Principa' Place of Business Mailing Address | | | | | | | n inminent til inten Alfei Mitt Satit | ************* | ****************** | 181 81111 8181 1981 | |
| 1520 ALLENTO BRANDON FL | | 1520 ALLENTON AVEN BRANDON FL 33511 | 1520 ALLENTON AVENUE BRANDON FL 33511 | | | | | | | | |
| | | | | | | | 3. Date incorporated or Qualified 04/01/1994 | | ate of Last 03/21/19 | • | |
| 2. Principal Pla | nce of Business | 2a. Mailing Address | 2a. Mailing Address | | | | 4. FEI Number | | 70/2 1/ 10 | Applied For | |
| 1 | | 26 | | | | 59-3232848 | | | Not Applicable | | |
| Suite, Apt. # | ii, etc. | Suite, Apt. #, etc. | h- 1 | | | | 5. Certificate of Status Desireo | Γ | • | 75 Additional | |
| City & State | | City & State | | | | & Flortian Comparing Figureina | | | e Required | | |
| Gity & State | | 28 | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | | |
| Ziρ Country 25 | | 7ip Co | | | | | 8. This corporation has liability for intangible tax under si 199.032, Florida Statutes Yes XX No | | | | |
| | 9. Name and Address of Curre | | | | | 1 | 10. Name and Address of New I | Registere | d Agent | | |
| | | | | 81 | Name | Name | | | | | |
| | SON, SAMUEL R | | | 82 | Street Address | | ss (P.O. Box Number is Not Acceptable) | | | - | |
| | LENTON AVENUE N FL 33511 | | | 83 | | | | | | | |
| | | | - | 84 | City | | | ···— | 85 Zip Code | | |
| | | | | .] | FL 57 2 2 2 2 2 2 2 2 2 | | | | | | |
| or registere | ed agent, or both, in the State of Flori | ida. Such change was authori. | zed by the c | re n orpo | ration's be | oard i | on submits this statement for the pu of directors. Thereby accept the app | rpose or c iointment : | as register | ed agent. I am | |
| | h, and accept the obligations of, Sec | tion 607.0505, Florida Statute | S. | | | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registeric age: | tanvittle mapple able (N | OTE Registered: | Agent | : sgrature requ | in-Twi | en ren stalangt | DA`ŧ | | | |
| 12. | r | OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OF | ICERS AN | | and the second of the second | |
| TITLE | DP CAMBROOM CAMBEL D | DELETE ADDOON CAMILEI D | | 1. 1 TITLE 1.2 NAME | | | | | 🔀 Change | e 🔲 Addition | |
| NAME STREET ADDRESS | RICHARDSON, SAMUEL R 4909 S. ZION STREET | | | | ADDRESS | , ~ | ZO ALLENTON AVE | بير ، ده ۵ | | | |
| CITY-S1-7IP | TAMPA FL | | 1.4 01 | | | | ANDON, FLORIDA | | - // | | |
| THE | | DELETE | 2 1 10 | | | | , , , , , , , , , , , , , , , , , , , | | ☐ Change | e 🔲 Addition | |
| NAME | | | 2.2 NA | ME | | | | | | | |
| STREET ADDRESS | | | 23.811 | ŒŧT | ADDRESS | | | | | | |
| CHY-ST-ZIF | | | 2.4 CH | | T - ZHP | | | | C 7 0 | | |
| TITLE | | DELETE | 3 1 111 3 2 NA | | | | | | [] Change | e 🔲 Addition | |
| NAME STREET ADDRESS | | | | | ADDRESS | | | | | | |
| City-St-7iP | | | 3 4 CH | | | | | | | | |
| THLE | | DELETE | 4 1 1/1 | - | | | | | Change | e 🔲 Addition | |
| NAME | | | 4 2 NA | MÉ | | | | | | | |
| STREET ADDRESS | | | 43 ST | (FT | ADDRESS | | | | | | |
| CHY-SL ZIP | | F belete | 4.4 CIT | | T- ZIF | | | | | . Fil Addition | |
| TITLE | | ☐ DETELE | 5 1 10 | | | | | | Change | e [Addition | |
| NAME CIRCLE ADORESS | | | 52 NA 53 ST | | ADDRESS | | | | | | |
| STREET ADDRESS CHTY-ST-ZIP | | | 5.4 CH | | | | | | | | |
| Tille | | DELETE | 6 1 TII | | | | | | ☐ Change | e 🔲 Addition | |
| NAME | | | 62 NA | Mf | | | | | | | |
| STREET ADDRESS | | | 63.511 | Œŧ I | ADDRESS | | | | | | |
| CiTY - S1 - ZiP | l | | 6 4 CH | | | | and the second s | 2.2.2 | g, 11. 1, 15 g 15. | العاد الساد المياد لولغ مناسر دار | |
| certify that oath: that I | y certify that the information supplied the information indicated on this ann I am an officer or director of the corps I Block 12 or Block 13 if changed, or | ual report or supplemental and pration or the receiver or truste | nual report is se empower | tru | e and accu | rale | and that my signature shall have the | same leg | jal effect as | s if made under | |

amuel R. Richardson SIGNATURE: _

4-1-96 (813)661-7353