

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

APPROVED AND FILED

MAY - 1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Leslie B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000042701 (0)**
1. Corporation Name:
RAFAEL GARCIA, JR., C.P.A., P.A.

Previous Place of Business: **100 S ASHLEY DR SUITE 1650 TAMPA FL 33602**
Mailing Address: **100 S ASHLEY DR SUITE 1650 TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

2. Previous Date of Report		2a. Filing Address	4. FEI Number	Applied For
21		26	59-3253773	Not Applicable
22. Suite Apt # etc		27. State Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22		27		
23. City & State		28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23		28		
24. Zip	25. County	29. Zip	30. County	8. This corporation has liability for intangible tax under S. 199 (33) Florida Statute. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARCIA, RAFAEL JR 100 S ASHLEY DR SUITE 1650 TAMPA FL 33602				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 217.001(2) and 217.001(4) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by the laws of the State of Florida. Such change was authorized by the corporation's board of directors. Thereby and not the appointment as registered agent. I am familiar with and accept the obligations of Section 217.001(4) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. NAME	D GARCIA, RAFAEL JR	01. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS	100 S ASHLEY DR	02. STREET ADDRESS	
03. CITY	TAMPA FL 33602	03. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04. NAME		04. NAME	
05. STREET ADDRESS		05. STREET ADDRESS	
06. CITY		06. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07. NAME		07. NAME	
08. STREET ADDRESS		08. STREET ADDRESS	
09. CITY		09. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in law to an LLC (S.A.) 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 in person with that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 217 Florida Statutes and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAFAEL GARCIA JR

4/27/95