FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 10 PM 12:46

DOCUMENT # **P94000043631 (8)**

1. Corporation Name
KERRY LEE ROBINSON, P.A.

Principal Place of Business
9838 OLD BAYMEADOWS RD.
SUITE 144
JACKSONVILLE FL 32256

Mailing Address
9838 OLD BAYMEADOWS RD.
SUITE 144
JACKSONVILLE FL 32256

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated (or Qualified): 06/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4110 Southpoint Blvd
Suite, Apt. #, etc.
22 Suite 213
City & State
23 JACKSONVILLE, FL
Zip 24 32216 Country 25 USA

2a. Mailing Address
26 4110 Southpoint Blvd.
Suite, Apt. #, etc.
27 Suite 213
City & State
28 JACKSONVILLE, FL
Zip 29 32216 Country 30 USA

4. FEI Number: 59-3257440 — 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. The corporation has total assets of less than $ 100,000 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
SUITE 200
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 the 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROBINSON, KERRY L
STREET ADDRESS	9838 OLD BAYMEADOWS RD., SUITE 144
CITY, ST, ZIP	JACKSONVILLE FL 32256
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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1994

1. TITLE	DP	☒ Change ☐ Add
1. NAME	ROBINSON, KERRY L	
1. STREET ADDRESS	4110 Southpoint Blvd., Suite 213	
1. CITY, ST, ZIP	JACKSONVILLE, FL 32216	
2. TITLE		☐ Change ☐ Add
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE		☐ Change ☐ Add
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE		☐ Change ☐ Add
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Add
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		☐ Change ☐ Add
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not conform to the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature below constitutes my oath. That I am an officer or director of the corporation or the owner of business requirements outside the capital required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 (if changed) or has an attachment with an address.

SIGNATURE: K. L. Robinson KERRY L. ROBINSON 1/11/95 (PRESIDENT OR VP)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0021025 CF