

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000047059 (8)

1. Corporation Name

MATHIS & ASSOCIATES OF SARASOTA, INC.



Principal Place of Business

6976 RICHARDSON ROAD  
SARASOTA FL 34240

Mailing Address

6979 RICHARDSON RD  
SARASOTA FL 34240  
US

3. Date Incorporated or Qualified  
06/20/1994

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

g. Name and Address of Current Registered Agent

MATHIS, KEVIN  
6976 RICHARDSON ROAD  
SARASOTA FL 34240

4. FEI Number

65-0497692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
MATHIS, KEVIN  
STREET ADDRESS  
6979 RICHARDSON ROAD  
CITY-ST-ZIP  
SARASOTA FL 34240

TITLE ☐ DELETE

NAME  
MATHIS, SANDRA  
STREET ADDRESS  
6979 RICHARDSON ROAD  
CITY-ST-ZIP  
SARASOTA FL 34240

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
MATHIS, KEVIN  
1.3 STREET ADDRESS  
6979 RICHARDSON ROAD  
1.4 CITY-ST-ZIP  
SARASOTA, FL 34240

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
V/T/S  
2.3 STREET ADDRESS  
MATHIS, SANDRA  
6979 RICHARDSON ROAD  
2.4 CITY-ST-ZIP  
SARASOTA, FL 34240

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
COLLINGWOOD, MICHAEL L.  
3.3 STREET ADDRESS  
6979 RICHARDSON ROAD  
3.4 CITY-ST-ZIP  
SARASOTA, FL 34240

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)