

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000030141 (2)

1. Corporation Name

ROGER A. ALCOTT, P.A.



Principal Place of Business

2910 WINTER LAKE ROAD
LAKELAND FL 33803

Mailing Address

2910 WINTER LAKE ROAD
LAKELAND FL 33803

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/13/1995

3a. Date of Last Report

4. FEI Number

59 33 113 29

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

10. Name and Address of New Registered Agent

ALCOTT, ROGER A
2910 WINTER LAKE ROAD
LAKELAND FL 33803

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 607.0702 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0705, Florida Statutes.

SIGNATURE

Roger A. Alcott

2-5-96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME
STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE

NAME
STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE

NAME
STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE

NAME
STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE

NAME
STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE

NAME
STREET ADDRESS

64 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:

Roger A. Alcott

ROGER A ALCOTT 2-5-96 (941) 665-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)