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FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000033659 (0)

1. Corporation Name  
ROSALIND A. CARR, P.A.



Principal Place of Business

Mailing Address

900 SIXTH AVENUE SOUTH  
SUITE 303  
NAPLES FL 33940-6745

900 SIXTH AVENUE SOUTH  
SUITE 303  
NAPLES FL 33940-6745

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 999 NINTH ST. So.

Suite, Apt. #, etc.

22 SUITE 205

City & State

23 NAPLES, FL

Zip

24 34102

Country

25 USA

2a. Mailing Address

26 999 NINTH ST. So.

Suite, Apt. #, etc.

27 SUITE 205

City & State

28 NAPLES, FL

Zip

29 34102

Country

30 USA

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

65-0580795

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

CARR, ROSALIND A  
900 6TH AVENUE SOUTH  
SUITE 303  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is not Acceptable)

83 999 NINTH ST. SOUTH

84 SUITE 205

City

NAPLES

FL

85 Zip Code

34102

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 P ☐ DELETE

NAME CARR, ROSALIND A  
STREET ADDRESS 900 SIXTH AVENUE SOUTH SUITE 303  
CITY-ST-ZIP NAPLES FL

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 999 NINTH ST. So. SUITE 205  
14 CITY-ST-ZIP NAPLES, FL 34102

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Rosalind A Carr President 1/1/98 (941) 341-1111

CR2E034 (10/97)