

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000082651 (7)**

1. Corporation Name

RJM OF SARASOTA, INC.



Principal Place of Business

**901 VENETIA BAY BLVD. STE 300
VENICE FL 34292**

Mailing Address

**901 VENETIA BAY BLVD. STE 300
VENICE FL 34292**

2. Principal Place of Business

21 Sub-Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Sub-Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**HARTENSTINE, J M
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

4. FEI Number

65-0633521

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

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 607.0602 and 607.1504, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

NAME

4. STREET ADDRESS

5. CITY, ST, ZIP

NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

NAME

10. STREET ADDRESS

11. CITY, ST, ZIP

NAME

12. STREET ADDRESS

13. CITY, ST, ZIP

NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

NAME

16. STREET ADDRESS

17. CITY, ST, ZIP

NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

8. NAME

9. STREET ADDRESS

10. CITY, ST, ZIP

11. NAME

12. STREET ADDRESS

13. CITY, ST, ZIP

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Mitchell

2/8/96

941/493-2626

D-2

Daytime Phone

CR2E034 (12/95)