

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90209 042 ***150.00

DOCUMENT # P98000042605

1. Corporation Name

LAURA L ROBINSON, PA

Principal Place of Business

5272 SELBY DR.
FT MYERS FL 33919

Mailing Address

5272 SELBY DR.
FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

65-0840125

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROBINSON, LAURA L
5272 SELBY DR.
FT. MYERS FL 33919

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **ROBINSON, LAURA L**
STREET ADDRESS **5272 SELBY DR.**
CITY-ST-ZIP **FT MYERS FL 33919**

1.1 TITLE

☐ Change

☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

3.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

3.2 NAME

CITY-ST-ZIP

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

4.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Laurel L. Robinson 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA L. ROBINSON

Date

Daytime Phone #

941-
481-2059

CR2E034 (11/98)