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CORPORATION ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:57

DOCUMENT # S10630 (9)

1. Corporation Name

ROBERT M. LOWE, P.A.

Principal Place of Business:
P.O. BOX 492722
LEESBURG FL 34749-2722

Mailing Address:
P O BOX 492722
LEESBURG FL 34749-2722

3. Date Incorporated or Qualified: 10/30/1990

3a. Date of Last Report: 02/18/1994

4. FEI Number: 59-3038561

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

9. Name and Address of Current Registered Agent

SEWELL, STEPHEN G.
907 WEBSTER STREET
LEESBURG FL

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOWE, ROBERT M.
STREET ADDRESS	73 NORTH BOBWHITE ROAD
CITY-ST-ZIP	WILDWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

REMITTED BY MAY 1

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)(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: Robert M. Lowe P.A. 4/21/95 904-748-7974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0377094 CP