

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V02779** (9)

1. Corporation Name
ROBERT E. LAMONTAGNE, P.A.



Principal Place of Business
**200 WINDBROOK CT
MARCO ISLAND FL 33937**

Mailing Address
**200 WINDBROOK CT
MARCO ISLAND FL 33937**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip

26 Suite, Apt. #, etc.
27 City & State
28 Zip

g. Name and Address of Current Registered Agent

**GREUSEL, JAMIE B.
1104 N COLLIE BLVD
MARCO ISLAND FL 33937**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **04/20/1995**

4. FEI Number **65-0321731** 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 applied for intangible tax under s. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1401, 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 607.1401, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent

DATE

12. OFFICERS AND DIRECTORS

1. NAME: **DP LAMONTAGNE, ROBERT E** [] DELETE

2. STREET ADDRESS: **200 WINDBROOK CT MARCO ISLAND FL**

3. CITY-STATE-ZIP: [] DELETE

4. NAME: [] DELETE

5. STREET ADDRESS: [] DELETE

6. CITY-STATE-ZIP: [] DELETE

7. NAME: [] DELETE

8. STREET ADDRESS: [] DELETE

9. CITY-STATE-ZIP: [] DELETE

10. NAME: [] DELETE

11. STREET ADDRESS: [] DELETE

12. CITY-STATE-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: [] Change [] Addition

2. STREET ADDRESS: [] Change [] Addition

3. CITY-STATE-ZIP: [] Change [] Addition

4. NAME: [] Change [] Addition

5. STREET ADDRESS: [] Change [] Addition

6. CITY-STATE-ZIP: [] Change [] Addition

7. NAME: [] Change [] Addition

8. STREET ADDRESS: [] Change [] Addition

9. CITY-STATE-ZIP: [] Change [] Addition

10. NAME: [] Change [] Addition

11. STREET ADDRESS: [] Change [] Addition

12. CITY-STATE-ZIP: [] Change [] Addition

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)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner or the sole proprietor of the corporation and I agree to be responsible to secure this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an amendment with an address.

SIGNATURE: *Robert E. Lamontagne* President 4-4-96 941-642-5480
ROBERT E. LAMONTAGNE

CR2E034 (12/95)