

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

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95 APR 25 AM 9: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V14041 (O)

1. Corporation Name
ROBERT LEE RATLIFF III, P.A.

Principal Place of Business 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND FL 33957	Mailing Address 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND FL 33957
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/14/1992		3a. Date of Last Report 05/02/1994	
2. Principal Place of Business 21. _____ 22. Suite, Apt. #, etc. _____ 23. City & State _____ 24. Zip _____ 25. Country _____		4. FEI Number 59-3107081	
2a. Mailing Address 26. _____ 27. Suite, Apt. #, etc. _____ 28. City & State _____ 29. Zip _____ 30. Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent RATLIFF, ROBERT LEE, III 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND FL 33957				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. _____			
				84. City		85. Zip Code FL	

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) DATE _____ (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME RATLIFF, ROBERT LEE III	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2340 PERIWINKLE WAY	CITY- ST- ZIP SANIBEL ISLAND FL	1.2 NAME	100001466851
		1.3 STREET ADDRESS	-04/27/95--01058--011
		1.4 CITY- ST- ZIP	***200.00 ***200.00
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:  (813) 345-1300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert Lee Ratliff III** Date: _____