

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50513**

(3)

1. Corporation Name

STEPHEN H. ARTMAN, P.A.

Principal Place of Business

**4315 HIGHLAND PARK BLVD
STE. B
LAKELAND FL 33803
US**

Mailing Address

**4315 HIGHLAND PARK BLVD
STE. B
LAKELAND FL 33803
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1992

3a. Date of Last Report

02/23/1994

4. FEI Number

59-3134622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 908 South Florida Avenue

Suite, Apt. #, etc.

22 Suite 102

City & State

23 Lakeland, FL

Zip

24 33803

Country

25 US

2a. Mailing Address

26 908 South Florida Avenue

Suite, Apt. #, etc.

27 Suite 102

City & State

28 Lakeland, FL

Zip

29 33803

Country

30 US

9. Name and Address of Current Registered Agent

**ARTMAN, STEPHEN H.
4315 HIGHLAND PARK BLVD
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

908 South Florida Avenue

83

Suite 102

84

Lakeland

FL

85 Zip Code
33803

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

Stephen H. Artman, President

4/20/95

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ARTMAN, STEPHEN H.**
STREET ADDRESS **4315 HIGHLAND PARK BLVD**
CITY - ST - ZIP **LAKELAND FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

908 South Florida Avenue, Suite 102

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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)(k), Florida Statutes. I further certify that the information included in 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 the officer or director has an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen H. Artman

4/20/95

DATE

(813) 688-5252

TELEPHONE NUMBER