

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V51654** (4)

1. Corporation Name

RICHARD HINSHAW & ASSOCIATES, INC.



Principal Place of Business

**2207 S.E. LUEAYA ST
PORT ST LUCIE FL 34952
US**

Mailing Address

**2207 S.E. LUEAYA ST
PORT ST LUCIE FL 34952
US**

2. Principal Place of Business

2a. Mailing Address

21 **SAME**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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30

9. Name and Address of Current Registered Agent

**HINSHAW, RICHARD
8531 S FEDERAL HWY
SUITE 1020
PT ST LUCIE FL 34952**

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3134606

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 liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 *Richard Hinshaw* **Richard Hinshaw**

3/12/96

Signature, typed or printed name of registered agent and filer if applicable

(Initials) Registered Agent signature required when not filing

DATE

12. OFFICERS AND DIRECTORS

**PSTM
HINSHAW, DELORES
2207 SE LUCAYA ST
PT ST LUCIE FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 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: *Delores Hinshaw* **Delores Hinshaw**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 **407 335-8038**
DATE DAYTIME PHONE #

CR2E034 (12/95)