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CORPORATION ANNUAL REPORT 1995



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 483464 (4)
1. Corporation Name
DEARDOURFF, TIMMONS & ASSOCIATES, P.A.

Principal Place of Business
**6420 N.W. 9TH BLVD.
GAINESVILLE FL 32605-4203**

Mailing Address
**6420 N.W. 9TH BLVD.
GAINESVILLE FL 32605-4203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/26/1975

3a. Date of Last Report
04/29/1994

4. FEI Number
59-1614580

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

9. Name and Address of Current Registered Agent
**DEARDOURFF, STEPHEN L
6420 N.W. 9TH BLVD.
GAINESVILLE FL 32605**

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

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **DEARDOURFF, STEPHEN L**
STREET ADDRESS **6420 N.W. 9TH BLVD.**
CITY- ST- ZIP **GAINESVILLE FL**

TITLE **SD**
NAME **TIMMONS, JOHN W.**
STREET ADDRESS **6420 N.W. 9TH BLVD.**
CITY- ST- ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE Change Addition
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 110.07(3)(4), 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 alteration.

SIGNATURE: **S.L. DEARDOURFF MD** Date **4/12/95** District **533-2232**