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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F84480** (5)

1. Corporation Name

ANDREW A. DEAN, P.A.



Principal Place of Business

**10 FERNBROOKE DR.
SAFETY HARBOR FL 34695**

Mailing Address

**10 FERNBROOKE DR.
SAFETY HARBOR FL 34695**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., #, etc.

State, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

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9. Name and Address of Current Registered Agent

**DEAN, ANDREW A., JR.
10 FERNBROOKE DRIVE
SAFETY HARBOR FL 34695**

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 607.06(1) and 607.15(8), 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 607.06(4), Florida Statutes.

SIGNATURE

(Print Registered Agent Signature or print name of attorney)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. TITLE
3. STREET ADDRESS
4. CITY, ST, ZIP
5. PHONE
6. FAX
7. E-MAIL ADDRESS
8. OTHER INFORMATION
9. NAME
10. TITLE
11. STREET ADDRESS
12. CITY, ST, ZIP
13. PHONE
14. FAX
15. E-MAIL ADDRESS
16. OTHER INFORMATION

**PD
DEAN, ANDREW A JR
10 FERNBROOKE DR
SAFETY HARBOR FL 34695**

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1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. NAME
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. NAME
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

☐ Change ☐ Addition

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14. I 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 financial 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 on Block 12 or Block 13 if changed, or on another filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew A. Dean Jr
ANDREW A. DEAN JR

FEB. 16, 1996

813-730-7558

CR2E034 (12/95)