

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M85214 (8)

1. Corporation Name
WILLIAM B. TIERNAN, P.A.

Principal Place of Business: **C/O WILLIAM B. TIERNAN
111 CASTLE CT.
FT. PIERCE FL 34949
US**

Mailing Address: **% WILLIAM B. TIERNAN
111 CASTLE CT.
FT. PIERCE FL 34949**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Rechartered: **06/08/1988** 3a. Date of Last Report: **04/22/1994**

4. FCI Number: **59-2632820** 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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22. State, Apt # etc. 27. State, Apt # etc.

23. City & State 28. City & State

24. Zip 25. County 29. Zip 30. County

9. Name and Address of Current Registered Agent

**TIERNAN, WILLIAM B.
111 CASTLE CT.
FT. PIERCE FL 34949**

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 607.1505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12.1 NAME: D TIERNAN, WILLIAM B.	12.2 STREET ADDRESS: 111 CASTLE CT. FT. PIERCE FL
12.3 NAME: _____	12.4 STREET ADDRESS: _____
12.5 NAME: _____	12.6 STREET ADDRESS: _____
12.7 NAME: _____	12.8 STREET ADDRESS: _____
12.9 NAME: _____	12.10 STREET ADDRESS: _____
12.11 NAME: _____	12.12 STREET ADDRESS: _____
12.13 NAME: _____	12.14 STREET ADDRESS: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(b), Florida Statutes. I further certify that the information is stated on this annual report or supplemental annual report in true and correct 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: *William B. Tiernan*
WILLIAM B. TIERNAN

May 1, 95