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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J54789

(9)

1. Corporation Name

CONN AND CHRISTINE, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:16

Principal Place of Business

Mailing Address

100 SOUTH PARK BLVD., SUITE 308
ST AUGUSTINE FL 32086

100 SOUTH PARK BLVD., SUITE 308
ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/29/1987

3a. Date of Last Report

03/02/1994

4. FEI Number

59-2752131

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTINE, ALEXANDER R
25 RIBERIA ST
ST AUGUSTINE FL 32084

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

PD
CONN, DAVID G.
53 GRANT ST
ST AUGUSTINE FL

11 TITLE

PD
CONN, DAVID G.
P. O. Box 1401
Flagler Beach, FL

☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

N/A

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVS
CHRISTINE, ALEXANDER R.
25 RIBERIA STREET
ST AUGUSTINE FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
CHRISTINE, ALEXANDER R
25 RIBERIA STREET
ST AUGUSTINE FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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:

David G. Conn
SIGNATURE AND TYPED OR PRINTED NAME OF A DIRECTOR OR OFFICER OF CORPORATION

1-27-95

904-829-0523