

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 16 AM 11:07

DOCUMENT # 356189

(1)

1. Corporation Name

PAUL R. THEEN, INC..

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/03/1969

3a. Date of Last Report
03/01/1994

4. FEI Number
59-1393911

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

**920 BAYSHORE DRIVE
ENGLEWOOD FL 34223**

Mailing Address

**920 BAYSHORE DRIVE
ENGLEWOOD FL 34223**

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**THEEN, PAUL R
920 BAYSHORE DR
ENGLEWOOD FL 33533**

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

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

(NOTE: Registered Agent signature required when nonattest)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **THEEN, PAUL R**
STREET ADDRESS **920 BAYSHORE DRIVE**
CITY- ST- ZIP **ENGLEWOOD FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D**
NAME **THEEN, DAVID R.**
STREET ADDRESS **916 BAYSHORE DRIVE**
CITY- ST- ZIP **ENGLEWOOD FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **D**
NAME **THEEN, LUCILLE K**
STREET ADDRESS **920 BAYSHORE DRIVE**
CITY- ST- ZIP **ENGLEWOOD FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.2 NAME ☐ Change ☐ Addition

TITLE
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3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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3.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.2 NAME ☐ Change ☐ Addition

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4.3 STREET ADDRESS ☐ Change ☐ Addition

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4.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
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5.2 NAME ☐ Change ☐ Addition

TITLE
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5.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP

5.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
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CITY- ST- ZIP

6.2 NAME ☐ Change ☐ Addition

TITLE
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6.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP

6.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

SIGNATURE:

Paul R Theen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL R THEEN

3/13/95 813 474 8069
(City) (Phone)