

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 451012 (9)

1. Corporation Name
J. ZAHN & CO.



Principal Place of Business
511 9TH STREET N.
ST. PETERSBURG FL 33701

Mailing Address
511 9TH STREET N.
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified 04/24/1974 3a. Date of Last Period 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1526865	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAHN, JOSEPH A
511 9TH STREET N.
ST. PETERSBURG FL 33701

81	Name	JOSEPH F. ZAHN
82	Street Address (P.O. Box Number is Not Acceptable)	511 9TH ST. N.
83		
84	City	ST. PETERSBURG FL
85	Zip Code	33701

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 *Joseph F. Zahn* JOSEPH F. ZAHN, President 4/19/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	PTSD
NAME	ZAHN, JOSEPH F.	2. NAME	JOSEPH F. ZAHN
STREET ADDRESS	416 14TH AVE. NE	3. STREET ADDRESS	416 14TH AVE. N.E.
CITY - ST - ZIP	ST. PETERSBURG FL	4. CITY - ST - ZIP	ST. PETERSBURG, FL 33701
TITLE	VSD	2. TITLE	
NAME	ZAHN, JOSEPH A.	2. NAME	
STREET ADDRESS	4595 CHANCELLOR ST. NE 114	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	D	3. TITLE	
NAME	ZAHN, SHIRLEY L.	3.2 NAME	
STREET ADDRESS	4595 CHANCELLOR ST. NE 114	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE		4. TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5. TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6. TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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: *Joseph F. Zahn* JOSEPH F. ZAHN, Pres 4/19/96 813-883-2299 DATE Daytime Phone

CR2E034 (12/95)