

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**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1526865	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent ZAHN, JOSEPH A 511 9TH STREET N. ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent	
81. Name	Joseph F. ZAHN		
82. Street Address (P.O. Box Number is Not Acceptable)	511 9TH ST. N.		
83.			
84. City	ST. PETERSBURG	85. Zip Code	FL 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** DATE: **4/19/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHN, JOSEPH F.	1.2 NAME	JOSEPH F. ZAHN
STREET ADDRESS	416 14TH AVE. NE	1.3 STREET ADDRESS	416 14TH AVE. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 35701
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	ZAHN, JOSEPH A.	2.2 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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	ZAHN, SHIRLEY L.	3.2 NAME	
STREET ADDRESS	4595 CHANCELLOR ST. NE 114	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PERERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 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** DATE: **4/19/96** 813-803-2299

CR2E034 (12/95)