

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

APPROVED
AND
FILED

95 MAR -3 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 466691

(3)

1. Corporation Name

WILLIAM S. JONASSEN P.A.

Principal Place of Business

10785 ULMERTON RD
LARGO FL 34648
US

Mailing Address

10785 ULMERTON RD
LARGO FL 34648
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1975

3a. Date of Last Report

03/07/1994

4. FEI Number

59-1567864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONASSEN, WILLIAM S.
10785 ULMERTON ROAD
LARGO FL 34648

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 required for principal name of registered agent and the registered agent)

(DATE) (Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

P
JONASSEN, WILLIAM S.
10785 ULMERTON RD
LARGO FL

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY - ST - ZIP

D
JONASSEN, WILLIAM S.
10785 ULMERTON RD
LARGO FL

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY - ST - ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY - ST - ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY - ST - ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY - ST - ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information supplied on this annual report is true and accurate and that my signature shall have the same legal effect as if made on the oath that I am an officer or director of the corporation, or a receiver or trustee or authorized back-up or blockholder, and that I am an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

William S. Jonassen 2-27-95 813-546-1444