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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:55

DOCUMENT # 695746 (8)

1. Corporation Name
CHRISTIANSEN & DEHNER, P.A.

Principal Place of Business	Mailing Address
2975 BEE RIDGE RD. APT. C SARASOTA FL 34239 US	2975 BEE RIDGE RD C SARASOTA FL 34239 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1981	3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2109250	☐ 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
7. 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
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHRISTIANSEN, SCOTT R.
2975 BEE RIDGE RD., STE C
SARASOTA FL ~~34239~~

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 34239

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: (Typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	DEHNER, H. LEE	12 NAME	
STREET ADDRESS	4166 KEATS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	CHRISTIANSEN, SCOTT R.	22 NAME	
STREET ADDRESS	3901 BALSAM CT.	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this 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 above, or on an attachment with an address.

SIGNATURE: [signature] 2/10/95 813 922-0200
SIGNATURE AND TYPED OR PRINTED NAME OF MORONG OFFICER OR DIRECTOR — Date — Daytime Phone #

0344003 CP