

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 695746 (8)

1. Corporation Name

CHRISTIENSEN & 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

3. Date Incorporated or Qualified
08/01/1981

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21
Suite C

26
Suite, Apt. #, etc.
27
City & State

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

23
City & State

28
City & State

24
Zip

25
Country

29
Zip

30
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of Registered Agent (if not the same as the person filing this report)

Signature of Registered Agent's partner (if not the same as the person filing this report)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME PT
DEHNER, H. LEE
STREET ADDRESS 4166 KEATS DR.
CITY, ST, ZIP SARASOTA FL
2. TITLE ☐ DELETE
NAME VS
CHRISTIENSEN, SCOTT R.
STREET ADDRESS 3901 BALSAM CT.
CITY, ST, ZIP SARASOTA FL
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2. 2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3. 3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4. 4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5. 5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6. 6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/16/96

776-944-922-0200

CR2E034 (12/95)