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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 695746

1. Corporation Name

CHRISTIANISEN & DEHNER PA

| O MIST | ANGEN & DEFINER, 1-A. | | | | | | | | |
|---|---|--|--|--|---|------------------------------|-----------------------------------|--|--|
| Principal Place | e of Business | Mailing Address | | • | L inditin beine inter dien einen ender ant | IIW WILL WINDLE WI | 911 4 2811 916 11 1 | 01911 01011 1001 | |
| 2975 BEE RIDGE RD. SUITE C SARASOTA FL 34239 | | 2975 BEE RIDGE RD SUITE C SARASOTA FL 34239 | | DO NOT WRIT | E IN THIS : | SPACE | | | |
| US | | US | | | 3. Date Incorporated or Qualifed | | | | |
| | | I a 44-95- Add | | | 08/01/1981 | | | wite of Con- | |
| CO CADAG | lace of Business SOTA CENTER BLVD | 2a. Mailing Address 63 SARASOTA CEN | TER BLV | /D | 4. FEI Number | | | oplied For ot Applicable | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 59-2109250 | | | Additional | |
| SUITE 10 | 7 | SUITE 107 | | | 5. Certifcate of Status Desired | | Fee Re | equired | _ |
| City & State | | City & State SARASOTA FL | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 Added | May Be to Fees | |
| Zip 34240 | Country US | Zip 34240 | Country US | , | This corporation owes the curre Personal Property Tax. | | ngible | □No | |
| [C +] | 9. Name and Address of Current | | - 1 | | 10. Name and Address of New R | | | | |
| | | | 81 | | | | | | |
| | RISTIANSEN, SCOTT R. | | 82 | | IANSEN, SCOTT R. | ble) | | • | |
| | 5 BEE RIDGE RD., STE C | | 02 | 63 SARA | SOTA CENTER BLVD SUIT | E 107 | | | |
| SAR | ASOTA FL 34239 | | 83 | | | | | | |
| | | • | 84 | SAKASU | | FL | 85 Zip. | | |
| 11. Pursuant office or reagent. I a | to the provisions of Sections 607,0502 egistered agent of both, in the State of m familiar with and accept the obligation | | | e-named corpo the corporation i. | oration submits this statement for the n's board of directors. I hereby accep | purpose of o t the appoin | changing its tment as re | registered gistered | |
| SIGNATURE | Van (Non | | COTT | 1 K. | CHRISTIANSFN | <u> </u> | 19/ | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | egistered Age | nt signature required | when reinstating) | DATE DATE | 79/ | DE IN 12 | 6 |
| 12. | OFFICERS AND | and title if applicable. (NOTE: Re | egistered Age 13. | nt signature required | | DATE FICERS ANI | | | (00) |
| 12. | OFFICERS AND | and title if applicable. (NOTE: Re | 13. | nt signature required | when reinstating) | DATE J | D DIRECTO | DRS IN 12 | (44,00) |
| 12. TITLE | OFFICERS AND PT DEHNER, H. LEE | and title if applicable. (NOTE: Re | 13. 1.1 TITLE 1.2 NAME | | when reinstating) | DATE FICERS AND | | | (00/ 74/ 700) |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AND PT DEHNER, H. LEE 7725 RED CEDAR LN | and title if applicable. (NOTE: Re | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | T ADDRESS | when reinstating) | DATE FICERS ANI | | | 001 747 700 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT DEHNER, H. LEE 7725 RED CEDAR LN SARASOTA FL | and title if eppticable. (NOTE: Re DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S | T ADDRESS | when reinstating) | DATE SANI | ☐ Change | ☐ Addition | (44,00) |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PT DEHNER, H. LEE 7725 RED CEDAR LN SARASOTA FL VS CHRISTIANSEN, SCOTT R. 3901 BALSAM CT. | and title if eppticable. (NOTE: Re DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE | T ADDRESS | when reinstating) | DATE FICERS ANI | ☐ Change | ☐ Addition | 100/14/00/ |
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiper 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 changes, or on application with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: