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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90067 006 ***150.00

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DOCUMENT # 695746

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/01/1981

2. Principal Place of Business
21 63 SARASOTA CENTER BLVD
22 Suite, Apt. #, etc. SUITE 107
23 City & State SARASOTA FL
24 Zip 34240 25 Country US

2a. Mailing Address
26 63 SARASOTA CENTER BLVD
27 Suite, Apt. #, etc. SUITE 107
28 City & State SARASOTA FL
29 Zip 34240 30 Country US

4. FEI Number: 59-2109250 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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: CHRISTIANSEN, SCOTT R.
82 Street Address (P.O. Box Number is Not Acceptable): 63 SARASOTA CENTER BLVD SUITE 107
83
84 City: SARASOTA FL 85 Zip Code: 34240

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] SCOTT, R. CHRISTIANSEN 3/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEHNER, H. LEE		1.2 NAME	
STREET ADDRESS	7725 RED CEDAR LN		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTIANSEN, SCOTT R.		2.2 NAME	
STREET ADDRESS	3901 BALSAM CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: [signature] SCOTT. R. CHRISTIANSEN 3/19/99 941-377-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #