

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 698817 (4)

1. Corporation Name

ALAN S. CHRISTNER, JR., P.A.



Principal Place of Business

401 2ND STREET EAST #231
P.O. BOX 1116
INDIAN ROCKS BEACH FL 34635-1116

Mailing Address

401 2ND STREET EAST #231
P.O. BOX 1116
INDIAN ROCKS BEACH FL 34635-1116

2. Principal Place of Business

2a. Mailing Address

21 350 Gulf Boulevard
Suite, Apt. #, etc.

26 350 Gulf Boulevard
Suite, Apt. #, etc.

22 City & State
23 Indian Rocks Bch, FL

27 City & State
28 Indian Rocks Bch, FL

24 Zip 34635
25 Country USA

29 Zip 34635
30 Country USA

9. Name and Address of Current Registered Agent

CHRISTNER, ALAN S. JR.
401 SECOND STREET EAST, SUITE 231
INDIAN ROCKS BEACH FL 34635

3. Date Incorporated or Qualified

08/13/1981

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2121752

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

350 Gulf Boulevard

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 typed or printed name of registered agent and the corporation

Signature typed or printed name of new registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME CHRISTNER, ALAN S., JR.
STREET ADDRESS 401 SECOND ST. E. #231
CITY-STATE-ZIP INDIAN ROCKS BCH FL

TITLE D
NAME CHRISTNER, ALAN S., JR.
STREET ADDRESS 401 SECOND ST. E. #231
CITY-STATE-ZIP INDIAN ROCKS BCH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

350 Gulf Boulevard

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

350 Gulf Boulevard

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 my new appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan S. Christner, Jr. 4-22-96 813-596-3383

Date

Daytime Phone #

CR2E034 (12/95)