

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:13

DOCUMENT # **H76526** (3)  
1. Corporation Name  
**JON HALL, P.A.**

Principal Place of Business      Mailing Address  
**200 AVENUE K S.E., STE. #5  
WINTER HAVEN FL 33880**      **200 AVENUE K S.E., STE. #5  
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21 **146 Ave B, NW**      25 **PO Box 469**  
22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.  
23 **Winter Haven, FL**      28 **Winter Haven, FL**  
24 **33880**      29 **33882**      30 **USA**      Country

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/17/1985**      **05/12/1994**  
4. FEI Number      Applied For  
**59-2598897**      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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, JON  
200 AVENUE K S.E., STE. #5  
WINTER HAVEN FL 33880

81 Name **SAME - New address!**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**146 Ave B, NW**  
83  
84 City **Winter Haven**      FL      85 Zip Code **33880**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>HALL, JON</b>
STREET ADDRESS	<b>200 AVE K SE, STE. 5</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HALL, JON</b>
1.3 STREET ADDRESS	<b>146 Ave B, NW</b>
1.4 CITY-ST-ZIP	<b>Winter Haven, FL 33880</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 on an attachment with an address.

SIGNATURE: *Jon Hall*      Date: *1/30/95*      *813 293 3183*