

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED
95 APR 19 AM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J12057 (2)
1. Corporation Name
WILLIAM ELMER SUNDSTROM P.A.

Principal Place of Business: **2548 BLAIRSTONE PINES DR TALLAHASSEE FL 32301 US**
Mailing Address: **2548 BLAIRSTONE PINES DR TALLAHASSEE FL 32301 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/01/1986** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-2666520** 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**
7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24
2a. Mailing Address: 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29 Country 30

9. Name and Address of Current Registered Agent
**SUNDSTROM, WILLIAM ELMER
2548 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *William Elmer Sundstrom* DATE: **1-12-95**
(Print, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting.)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	SUNDSTROM, WILLIAM E.
STREET ADDRESS	2548 BLAIRSTONE PINES DR
CITY- ST- ZIP	TALLAHASSEE FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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 in an attachment with an address.

SIGNATURE: *William Elmer Sundstrom* DATE: **1-12-95** **904-877-6555**
(Print, typed or printed name of signing officer or director. (NOTE: Signature of Secretary of State required when reconstituting.)

Wm. Sundstrom