

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # J15805 (1)

1. Corporation Name
DEPEN & DEPENA, P.A.



Principal Place of Business
**2371 VICTORIA AVE.
POST OFFICE DRAWER 9304
FT. MYERS FL 33902**

Mailing Address
**2371 VICTORIA AVE.
POST OFFICE DRAWER 9304
FT. MYERS FL 33902**

3. Date Incorporated or Qualified **05/22/1986** 3a. Date of Last Report **06/06/1995**

2. Principal Place of Business
21 1810 JACKSON ST. 2a. Mailing Address
26 P.O. DRAWER 9304

4. FEI Number **59-2679089** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 FORT MYERS, FL. 28. City & State
FORT MYERS, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 33401 25 U.S.A. 29. Zip Country
33902 30 U.S.A.

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

**OLIMPIA BOVEDA DEPENA
2371 VICTORIA AVENUE
FORT MYERS FL 33901**

81. Name **OLIMPIA BOVEDA DEPENA**
82. Street Address (P.O. Box Number is Not Acceptable)
1810 JACKSON STREET
83.
84. City **FORT MYERS** FL 85. Zip Code **33901**

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 *Olimpia B. Depena* **(OLIMPIA B. DEPENA, VICE PRES.)** 4.30.96

Signature typed or printed name of registered agent (Section 607.0505, Florida Statutes)

(NOTE: Registered Agent must be registered when filing this report)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DEPEN, FRANK E.	
STREET ADDRESS	2371 VICTORIA AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DEPEN, OLIMPIA B.	
STREET ADDRESS	2371 VICTORIA AVE.	
CITY-ST-ZIP	FT, MYERS, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEPEN, FRANK E.	
1.3 STREET ADDRESS	1810 JACKSON AVE	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEPEN, OLIMPIA B.	
2.3 STREET ADDRESS	1810 JACKSON AVE	
2.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
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 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 on an attachment with an address.

SIGNATURE *Olimpia B. Depena* **(OLIMPIA B. DEPENA)** 4.30.96 441-332-3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICE PRES.

CR2E034 (12/95)