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9 MAY -1 PM 1:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Bornmann Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J91313 (3)
1. Corporation Name DAVID C. BORNMANN, P.A.

Principal Place of Business 811-A DOUGLAS AVENUE P.O. BOX 1324 DUNEDIN FL 34698	Mailing Address 811-A DOUGLAS AVENUE P.O. BOX 1324 DUNEDIN FL 34698
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2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

3. Date Incorporated or Qualified 09/04/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2827038	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 transportation taxes on its vehicles. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent BORNMANN, DAVID C. 811-A DOUGLAS AVENUE DUNEDIN FL 34698

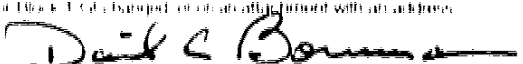
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.15(6), 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 the laws governing the corporation of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY
NAME P BORNMANN, DAVID C.	NAME ☒ Change ☐ Addition
STREET ADDRESS 2027 MC MULLEN AVE	STREET ADDRESS 811-A DOUGLAS AVE
CITY DUNEDIN FL	CITY DUNEDIN, FL
STATE	STATE ☐ Change ☐ Addition
ZIP	ZIP ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS ☐ Change ☐ Addition
CITY	CITY ☐ Change ☐ Addition
STATE	STATE ☐ Change ☐ Addition
ZIP	ZIP ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS ☐ Change ☐ Addition
CITY	CITY ☐ Change ☐ Addition
STATE	STATE ☐ Change ☐ Addition
ZIP	ZIP ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and given in good faith for the reasons stated in law. I am a resident of the State of Florida. I further certify that the information furnished on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if my signature were written by me. I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an affidavit filed with an address.

SIGNATURE:  **4-27-96** **813-734-4611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR