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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (3)J91313 **DOCUMENT #** 1. Corporation Name DAVID C. BORNMANN, P.A. Mailing Address Principal Place of Business 811-A DOUGLAS AVENUE 811-A DOUGLAS AVENUE P.O. BOX 1324 P.O. BOX 1324 **DUNEDIN FL 34698 DUNEDIN FL 34698** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 09/04/1987 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2827038 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Zip Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent 81 Name BORNMANN, DAVID C. Street Address (P.O. Box Number is Not Acceptable) **B2** 811-A DOUGLAS AVENUE 83 **DUNEDIN FL 34698** 85 Zip Code 84 City 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 DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Addition ☐ Change 1. 1 TITLE TITLE BORNMANN, DAVID C. 1.2 NAME NAME 811A DOUGLAS AVENUE 1.3 STREET ADDRESS STREET ADDRESS DUNEDIN FL 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2 1 TITLE TOLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - S1 - ZIP C: [Y - ST - 7]P ☐ Change Addition DELETE 3 1 TITLE TITLE NAME 3.3. STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CHY-SI-ZIE ☐ Addition ☐ Change DELETE 4 1 TITLE TITLE 4.2 NAME NAM: 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP ☐ Change Addition DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY - ST - ZIP CITY-ST-7IP Addition DELETE ☐ Change 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS 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 early; 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.

ME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)