FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # **K09095** **(6)**

1. Corporation Name
DEAN AND DEAN, P.A.

Principal Place of Business	Mailing Address
230 NE 25TH AVE ~~P.O. BOX 490008~~ OCALA FL 32670-7041	230 NE 25TH AVE ~~P.O. BOX 490008~~ OCALA FL 32670-7041

3. Date Incorporated or Qualified: **01/01/1988**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21 230 NE 25th Ave
22 Suite, Apt. #, etc. —
23 City & State: Ocala FL
24 Zip: 34470 25 Country:

2a. Mailing Address
26 230 NE 25th Ave
27 Suite, Apt. #, etc. —
28 City & State: Ocala FL
29 Zip: 34470 30 Country:

4. FEI Number: **59-2861308** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEAN, H. EDWARD
230 N.E. 25TH AVENUE
OCALA FL 34470

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 as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	PD	☐ DELETE	1 1 TITLE	VD	☐ Change ☒ Addition
NAME	DEAN, H. EDWARD		1 2 NAME	Timothy S. Dean	
STREET ADDRESS	230 N.E. 25TH AVE		1 3 STREET ADDRESS	230 NE 25th Avenue	
CITY-ST-ZIP	OCALA FL		1 4 CITY-ST-ZIP	Ocala FL 34470	
2 TITLE	VD	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	DEAN, JONATHAN S.		2 2 NAME		
STREET ADDRESS	230 N.E. 25TH AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2 4 CITY-ST-ZIP		
3 TITLE	STD	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	DEAN, SUSAN E.		3 2 NAME		
STREET ADDRESS	230 N.E. 25TH AVE		3 3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that this report 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: _____ 3-29-96 904 368-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number