

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K09095** (6)

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



Principal Place of Business <b>230 NE 25TH AVE OCALA FL 34470 US</b>	Mailing Address <b>230 NE 25TH AVE OCALA FL 34470-7041 US</b>
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3. Date Incorporated or Qualified <b>01/01/1988</b>	3a. Date of Last Report <b>04/05/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2861308</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>JONATHAN S. DEAN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>230 NE 25TH AVE</b>
83
84 City <b>OCALA</b>
85 Zip Code <b>FL 34470</b>

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, of 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 *Jonathan S. Dean* **JONATHAN S. DEAN** DATE **1/13/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEAN, H. EDWARD</b>		1.2 NAME	
STREET ADDRESS <b>230 N.E. 25TH AVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEAN, JONATHAN S.</b>		2.2 NAME	
STREET ADDRESS <b>230 N.E. 25TH AVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEAN, SUSAN E.</b>		3.2 NAME	
STREET ADDRESS <b>230 N.E. 25TH AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEAN, TIMOTHY S</b>		4.2 NAME	
STREET ADDRESS <b>230 NE 25TH AVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jonathan S. Dean* **JONATHAN S. DEAN** DATE **1/13/97** DAYTIME PHONE # **(352) 368-2800**

CR2E034 (9/96)