

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

**APPROVED
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MAY 10 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, FL 32304-0001**

DOCUMENT # L95499 (4)

PETER W. JONES, P.A.

**1627 U.S. HIGHWAY ONE
SEBASTIAN FL 32958**

**1627 U.S. HIGHWAY ONE
SEBASTIAN FL 32958**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 08/15/1990
3a. Date of Last Report: 05/17/1994

4. FEI Number: 65-0218618
Applied For: Not Applicable:

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

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for attorney's fees under § 197.03, Florida Statutes: Yes No

2. Previous Place of Business:
21. 2909 CARDINAL DR
22. VERO BEACH FL
23. 32963

9. Name and Address of Current Registered Agent:
JONES, PETER W.
1627 U.S. HIGHWAY ONE
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Applicable):
2909 CARDINAL DR
84. VERO BEACH FL 85. 32963

11. I am filing this report pursuant to Sections 197.03 and 197.1508, 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 Sections 197.03, Florida Statutes.

SIGNATURE: _____ **Signature of Registered Agent:** _____

12. OFFICERS AND DIRECTORS

1. NAME:	D. JONES, PETER W.
2. STREET ADDRESS:	1627 U.S. HWY ONE
3. CITY:	SEBASTIAN FL
4. NAME:	
5. STREET ADDRESS:	
6. CITY:	
7. NAME:	
8. STREET ADDRESS:	
9. CITY:	
10. NAME:	
11. STREET ADDRESS:	
12. CITY:	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

1. NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS:	2909 Cardinal Drive
3. CITY:	VERO BEACH FL 32963
4. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS:	
6. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS:	
9. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS:	
12. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 197.03, 197.1508, Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the fee may or trustee empowered to make this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Peter W. Jones* **PETER W. JONES** **5/4/95** **907/234-3334**