

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

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AND  
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**MAY 10 10:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Manning  
Secretary of State  
Tallahassee, FL 32399-0001**

**DOCUMENT # L95499 (4)**  
1. Corporation Name  
**PETER W. JONES, P.A.**

Principal Office Address: **1627 U.S. HIGHWAY ONE SEBASTIAN FL 32958**  
Mailing Address: **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. Principal Place of Business: **2909 CARDINAL DR** 2a. Mailing Address: **Same**  
21. State: **FL** 26. State: **FL**  
22. City & State: **VERO BEACH FL** 27. City & State: **Same**  
23. Zip: **32963** 28. Zip: **32963** 29. Country: **USA** 30. Country: **USA**

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**  
83. City: \_\_\_\_\_  
84. City: **VERO BEACH** FL 85. Zip: **32963**

11. Pursuant to the provisions of Sections 197.03 and 197.1508, Florida Statutes, the above named corporation submits the 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME	<b>D JONES, PETER W.</b>
2. STREET ADDRESS	<b>1627 U.S. HWY ONE SEBASTIAN FL</b>
3. CITY	
4. STATE	
5. ZIP	
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. STATE	
10. ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY	
14. STATE	
15. ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

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

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** 5/4/95 407/234-3334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR