

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:14

DOCUMENT # N14506 (2)
1. Corporation Name
BUNNELL BUSINESS & PROFESSIONAL ASSOCIATION, INC

Principal Place of Business Mailing Address
C/O THOMAS MATTHEWS P.O. BOX 1897 BUNNELL FL 32110
C/O THOMAS MATTHEWS P.O. BOX 1897 BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1986 3a. Date of Last Report 08/02/1994
4. FEI Number 59-2703090 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

COLE, SANDRA
39 VILLAGE DR.
FLGLER BEACH FL 32138

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, MAUREEN	1.2 NAME	
STREET ADDRESS	SHERWOOD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BUNNELL FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, SANDRA	2.2 NAME	
STREET ADDRESS	39 VILLAGE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FLGLER BCH. FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASALETTO, DINAH	3.2 NAME	
STREET ADDRESS	103 E. MOODY BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BUNNELL FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIMONE, THOMAS	4.2 NAME	
STREET ADDRESS	29 OAKMONT CIR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH. FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYS, JOE	5.2 NAME	
STREET ADDRESS	500 W. MOODY BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BUNNELL FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, BURT	6.2 NAME	
STREET ADDRESS	9 FT. CAROLINE CT.	6.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	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 110.07(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Cole SANDRA Cole 4/26/95 904-437-0825