

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DOCUMENT # P93000004429 (5)

1. Filing Office Name

PATRICIA J. WELLER, P.A.

SEP 11 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**151 WYMORE ROAD
SUITE 151
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**151 WYMORE ROAD
SUITE 151
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/11/1993

3a. Date of Last Report
08/23/1994

4. FEI Number
59-3158200

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 advertising fees under § 139.005,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

22

State Apt. # etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

**HARTSFIELD, EMMETT L
151 WYMORE ROAD
SUITE 151
ALTAMONTE SPRINGS FL 32714**

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 607.01(2) 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

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

**D
WELLER, PATRICIA J
1284 GLENCREST DRIVE
HEATHROW FL 32746-5025**

4. NAME

5. STREET ADDRESS

6. CITY, STATE, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, STATE, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, STATE, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.01(1)(b), Florida Statutes. I further certify that the information is not being used for the purpose of supplementing annual report or financial statement, and that my signature shall have the same legal effect and be made under oath that I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 139, Florida Statutes, and that my name appears in Block 1, or Block 1a, of the report of our annual statement with an address.

SIGNATURE:

Patricia J. Weller PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA J. WELLER

4/25/95 (407) 444-0474