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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

SIGNATURE

SIGNATUR

P93000005197 (7)

JOHN H. BILL, P.A.

Principal Place of Business Mailing Address 243 WEST PARK AVENUE 243 WEST PARK AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 3. Date incorporated or Qualified 3a. Date of Last Report 01/22/1993 01/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 222 Wast Comitock Ave 20 Po. Box Applied For 59-3162305 Not Applicable Suite, Ant. #. etc \$8.75 Additional 22 101 5. Certificate of Status Desired Fee Required City & State Crty & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for Intangible tax under s 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BILL, JOHN H 82 ox Number is Not Acceptable) 243 WEST PARK AVENUE WINTER PARK FL 32789 83 11. Fursuant to the provisions of Sections NO7.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. dered agout and title 4 applicable (NOTE: Registered Agent signature required when reinstating) 12. OF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME BILL, JOHN H 12 NAME 243 WEST PARK AVENUE STREET ADDRESS. 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST 20 1.4 City - St - ZiP 11116 DELETE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 0/1Y-\$1-7/P 2.4 C(TY-ST-ZIP TILLE DELETE 3. 1 1ITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP THUE DELETE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-S1-ZIP 4.4 CITY - ST - 2IP THE DELETE 5 1 TITLE ☐ Addition Change NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C-14 - \$1 - 7.P 5.4 CITY-ST-ZIP 11111 DELETE 6.1 TITLE ☐ Change ☐ Addition NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHIY-ST ZIP 64 CITY-\$1-2IP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 appears in Block 12 or Block 13 if changed, or or an attachment with an address.

JOHN H. P.W. DRECTUR 1/15/98

(12/95)

CR2E034