

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000010956 (9)

1. Corporation Name

DANA ROEHRIG & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

9800 4TH STREET NORTH
SUITE 303
ST PETERSBURG FL 33702

9800 4TH STREET NORTH
SUITE 303
ST PETERSBURG FL 33702

3. Date Incorporated or Qualified
02/12/1993

3a. Date of Last Report
02/01/1995

4. FEI Number
59-3164252

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 intangible tax under s. 190.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 1132 SNELL ISLE BLVD. NE.

2a. Mailing Address
26 1132 SNELL ISLE BLVD. NE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ST PETERSBURG, FL.

28 ST PETERSBURG, FL.

24 33704

25 Pinellas

29 33704

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROEHRIG, W D
9800 4TH STREET NORTH
SUITE 303
ST PETERSBURG FL 33702

81 Name

W.D. ROEHRIG

82 Street Address (P.O. Box Number is Not Acceptable)

1132 SNELL ISLE BLVD. NE.

83

84 City

ST PETERSBURG

FL

85 Zip Code

33704

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 type for printed name of registered agent and then typed name

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ROEHRIG, W D	9800 4TH STREET NORTH, SUITE 303	ST PETERSBURG FL 33702	<input type="checkbox"/>
S	ADSHEAD, MARGUERITE	9800 4TH STREET NORTH, SUITE 303	ST PETERSBURG FL 33702	<input checked="" type="checkbox"/>
T	ROEHRIG, W D	9800 4TH STREET NORTH, SUITE 303	ST PETERSBURG FL 33702	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
SD	MARTHA C. ROEHRIG	1132 SNELL ISLE BLVD. NE.	ST PETERSBURG, FL 33704	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	MARK H. ROEHRIG	1132 SNELL ISLE BLVD. NE.	ST PETERSBURG, FL 33704	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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 it 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

14 June 1996 (813) 894-3259

CR2E034 (3/96)