

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:42

DOCUMENT # P93000013414 (6)

1. Corporation Name

J.A. JURGENS, P.A.

Principal Place of Business

390 N. ORANGE AVE.
SUITE 1300
ORLANDO FL 32801
US

Mailing Address

106 COVE LAKE DR.
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

06/16/1994

4. FEI Number

65-0388929

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. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1555 Howell Branch Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite C-200

27 Suite, Apt. #, etc.

23 Winter Park, FL

28 City & State

24 32779 25 U.S.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

JURGENS, J A
390 N. ORANGE AVE
SUITE 1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

1555 Howell Branch Rd. Suite C-200

83

84 City

Winter Park

FL

85 Zip Code

32779

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

J.A. Jurgens J.A. Jurgens

6/13/95

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DAY

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	JURGENS, J A	106 COVE LAKE DR.	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
			32779

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)(4), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.A. Jurgens J.A. Jurgens

6/13/95

(407) 629-4966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Please Print)