

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 # **P93000043814 (1)**

1. Corporation Name

J. R. STINE, P.A.



Principal Place of Business

Mailing Address

**3928 SE 14TH PLACE
 Ocala FL 34471**

**3928 SE 14TH PLACE
 P.O. BOX 5368
 Ocala FL 34478
 US**

3. Date Incorporated or Qualified

06/15/1993

3a. Date of Last Report

08/10/1995

4. FEI Number

59-3198426

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. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

21 **11 N. MAGNOLIA AVE.**

2a. Mailing Address

26 **P.O. Box 5368**

Suite, Apt. #, etc

22 **SUITE L**

Suite, Apt. #, etc.

27

City & State

23 **OCALA FLORIDA**

City & State

28 **OCALA FLORIDA**

Zip

24 **34475**

Country

25

Zip

29 **34478**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**STINE, JAMES R
 3928 SE 14TH PLACE
 Ocala FL 34471**

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 the date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PSTD**
 STREET ADDRESS **STINE, JAMES R.**
3928 S.E. 14TH PLACE
 CITY-ST-ZIP **OCALA FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
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 STREET ADDRESS
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TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 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 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 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:

James R. Stine **JAMES R. STINE**

8/5/96

352-690-6866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (3/96)