

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000044534 (4)**

1. Corporation Name

TIMOTHY B. PERENICH, P.A.

Principal Place of Business

**114 S. PINELLAS AVE.
TARPON SPRINGS FL 34689
US**

Mailing Address

**P. O. BOX 458
TARPON SPRINGS FL 34688-0458
US**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

**PERENICH, TIMOTHY B
114 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3190153

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1)(b), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the provisions of Sections 607.01(2) and 607.15(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **DP
PERENICH, TIMOTHY B
114 S. PINELLAS AVE.
TARPON SPRINGS FL**

2. TITLE ☐ DELETE

NAME

3. TITLE ☐ DELETE

NAME

4. TITLE ☐ DELETE

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12. TITLE ☐ DELETE

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13. TITLE ☐ DELETE

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14. TITLE ☐ DELETE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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27. NAME

28. NAME

29. NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (813) 943-8575

CR2E034 (12/95)