


58-978-6637  
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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000071977 (1)

1. Corporation Name  
JOEL S. TREUHAF, P.A.

Principal Place of Business

~~334 EAST LAKE ROAD~~  
~~#254~~  
PALM HARBOR FL 34685  
~~US~~

Mailing Address

~~334 EAST LAKE ROAD~~  
~~#254~~  
~~PALM HARBOR FL 34685-2427~~  
~~US~~

2. Principal Place of Business

21 3894 Tampa Rd.

Suite, Apt. #, etc.

22 Suite A

City & State

23 Oldsmar, FL

Zip

24 34677

Country

25 USA

2a. Mailing Address

26 3894 Tampa Rd.

Suite, Apt. #, etc.

27 Suite A

City & State

28 Oldsmar, FL

Zip

29 34677

Country

30 USA

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

04/02/1996

4. FEI Number

59-3206695

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

9. Name and Address of Current Registered Agent

TREUHAF, JOEL S  
334 EAST LAKE ROAD  
#254  
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name Joel S. Treuhaf  
82 Street Address (P.O. Box Number is Not Acceptable)  
3894 Tampa Road  
83 Suite A  
84 City Oldsmar  
85 Zip Code FL 34677

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
TREUHAF, LINDA L  
STREET ADDRESS 334 EAST LAKE ROAD #254  
CITY - ST - ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME D  
TREUHAF, JOEL S  
STREET ADDRESS 334 EAST LAKE ROAD #254  
CITY - ST - ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 3894 Tampa Rd., Suite A  
1.4 CITY - ST - ZIP Oldsmar, FL 34677

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 3894 Tampa Rd. Suite A  
2.4 CITY - ST - ZIP Oldsmar, FL 34677

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition


5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

160082

CR2E034 (9/96)