

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:47

DOCUMENT # P94000008870 (5)

1. Corporation Name
SPECHT, FORD & BEHRENS, P.A.

Principal Place of Business Mailing Address
10835 NW HIGHWAY 27 OCALA FL 34482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1994	3a. Date of Last Report N/A
4. FEI Number 65-0488460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25. 29. 30.	

9. Name and Address of Current Registered Agent COOPER MICHAEL J 321 NW THIRD AVENUE OCALA FL 34475	10. Name and Address of New Registered Agent 81. Name JACQUES FORD 82. Street Address (P.O. Box Number is Not Accepted) 10835 N.W. Hwy. 27 83. 84. City OCALA FL 85. Zip Code 34482
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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 within 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 *Jacques Ford (Pro)* **JACQUES FORD** DATE **6/16/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECHT, THEODORE E	1.2 NAME	
STREET ADDRESS	P.O. BOX 641 N/A	1.3 STREET ADDRESS	
CITY, ST, ZIP	CHAPEL HILL NC 27514	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, JACQUES	2.2 NAME	
STREET ADDRESS	10835 NW HIGHWAY 27	2.3 STREET ADDRESS	
CITY, ST, ZIP	OCALA FL 34482	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, EDDY	3.2 NAME	
STREET ADDRESS	11198 NW HIGHWAY 464	3.3 STREET ADDRESS	
CITY, ST, ZIP	OCALA FL 34482	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the intangible tax under Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this report, or on an attached sheet with an address.

SIGNATURE: *Jacques Ford (D)* **JACQUES FORD** DATE **6/16/95** (704) 368-1616

CR2E034 (3/95)