

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000017353

Entity Name: PONIKVAR & ASSOCIATES, INC.

**FILED**  
**Jul 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5700 S.W. 34TH ST.  
SUITE 1307  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

5700 S.W. 34TH ST.  
SUITE 1307  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

FEI Number: 59-3228141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PONIKVAR, JACK W  
5700 S.W. 34TH ST.  
SUITE 1307  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

PONIKVAR, APRYL W  
5700 S.W. 34TH ST.  
SUITE 1307  
GAINESVILLE, FL 32608 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: APRYL PONIKVAR

07/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SVP  
Name: PONIKVAR, JACK W  
Address: 5700 S.W. 34TH ST. #1307  
City-St-Zip: GAINESVILLE, FL 32608

Title: P  
Name: PONIKVAR, APRYL W  
Address: 5700 S.W. 34TH ST. #1307  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: APRYL PONIKVAR

PRES

07/13/2012

Electronic Signature of Signing Officer or Director

Date