

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

**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 MAR 14 AM 9:56

DOCUMENT # P94000020046 (6)

1. Corporation Name
BENNETT & BEDSOLE, P.A.

Principal Place of Business
**1750 HWY A1A S
SUITE B
ST AUGUSTINE FL 32084**

Mailing Address
**1750 HWY A1A S
SUITE B
ST AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified
03/11/1994

3a. Date of Last Report

4. FEI Number
59-3231114

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
**BEDSOLE, JAMES E
1750 HWY A1A S
SUITE B
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.150, 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 duties of a registered agent under Section 607.050, Florida Statutes.

SIGNATURE *J. Bedsole* **3-9-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **D**
2. NAME **BEDSOLE, JAMES E**
3. STREET ADDRESS **1750 HWY A1A S SUITE B**
4. CITY-STATE-ZIP **ST AUGUSTINE FL 32084**

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

1. TITLE **P** Change Addition
2. NAME **Bedsole, James E.**
3. STREET ADDRESS **1750 Hwy A1A S. Ste. B**
4. CITY-STATE-ZIP **St. Augustine, FL. 32084**

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information exhibited 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 or assignee appointed 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 checkmark.

SIGNATURE *J. Bedsole* **3-9-95** **904-471-1611**