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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000020206 (6)**

1. Corporation Name

JENNIFER M. BANKS, P.A.



Principal Place of Business

**225 ST. CROIX PLACE
KEY LARGO FL 33037**

Mailing Address

**130 CORAL AVE
TAVERNIER FL 33070
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BANKS, JENNIFER M
225 ST. CROIX PLACE
KEY LARGO FL 33037**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2)(a) and 607.15(8), 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 Sections 607.06(2)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
D	BANKS, JENNIFER M	130 CORAL AVE	TAVERNIER FL	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
1	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☒	☐
2	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☐	☐
3	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☐	☐
4	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☐	☐
5	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☐	☐
6	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☐	☐
7	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☐	☐
8	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☐	☐
9	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☐	☐
10	NAME	STREET ADDRESS	CITY, ST, ZIP	☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(1)(g), 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 registered agent or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes, or on an attachment with an affidavit.

SIGNATURE: *Jennifer M. Banks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 3058528825
Date Filed Document Number

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