

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR 11 PM 3:32	
DOCUMENT # P94000063635 (4) 1. Corporation Name JOSEPH R. CIANFRONE, P.A.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 848 HILLSIDE DR PALM HARBOR FL 34683		Mailing Address 848 HILLSIDE DR PALM HARBOR FL 34683		3. Date Incorporated or Qualified 08/25/1994	
2. Principal Place of Business 21 1968 BAYSHIRE BLVD Suite, Apt. #, etc. 22 NA		2a. Mailing Address 26 Suite, Apt. #, etc. 27		4. FEI Number 51-3274526 Applied For Not Applicable	
23 DUNEDIN FL Zip 24 34688		28 City & State 29 Country 25 PINELLAS 30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent CIANFRONE, JOSEPH R 848 HILLSIDE DR PALM HARBOR FL 34683				10. Name and Address of New Registered Agent 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 607.0502 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 the if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Joseph R. CIANFRONE, PRES. 848 HILLSIDE DR. PALM HARBOR FL 34683 TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME SEC/TREAS. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 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 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 as an attachment with an address.					
SIGNATURE: Joseph R. Cianfrone, Pres 4/5/95 813-7332154 Typed or printed name of signing officer or director Date (Month/Day/Year)					