

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000081219 (5)

1. Corporation Name

JEFFREY CHARLES & ASSOCIATES OF FLORIDA, INC.



Principal Place of Business

511 ROSERY ROAD, SUITE 7A  
LARGO FL 34640

Mailing Address

511 ROSERY ROAD, SUITE 7A  
LARGO FL 34640

3. Date Incorporated or Qualified

11/01/1994

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 120 W. LUTZ LAKE FERN RD

26 120 W. LUTZ LAKE FERN RD

4. FEI Number

59-3275219

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

10. Name and Address of New Registered Agent

ALLEN, DAN  
14502 N. DALE MABRY HIGHWAY  
SUITE 226  
TAMPA FL 33618

81 Name

Dan Allen

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

120 W. Lutz Lake Fern Rd.

83

84 City

Lutz

FL

85 Zip Code

33549

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 date if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME TURNER, CHARLES B  
STREET ADDRESS 511 ROSERY ROAD, SUITE 7A  
CITY-ST-ZIP LARGO FL 34640 ☒ DELETE

TITLE VD  
NAME ALLEN, DAN  
STREET ADDRESS 14502 N. DALE MABRY HWY., SUITE 226  
CITY-ST-ZIP TAMPA FL 33618 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition  
1.2 NAME TURNER, CHARLES B.  
1.3 STREET ADDRESS 511 ROSERY ROAD, SUITE 7A  
1.4 CITY-ST-ZIP LARGO FL 34640

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME ALLEN, DAN  
2.3 STREET ADDRESS 14502 N. DALE MABRY HWY., SUITE 226  
2.4 CITY-ST-ZIP TAMPA FL 33618

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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Charles B. Turner

CHARLES B. TURNER PRES.

4/30/96

813-948-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)