

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092992 (4)

1. Corporation Name

JOHN T. NERTNEY, CPA, P.A.

Principal Place of Business

5701 MAIN STREET
NEW PORT RICHEY FL 34652-2635

Mailing Address

5701 MAIN STREET
NEW PORT RICHEY FL 34652-2635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 14502 N. DALE MARY

2a. Mailing Address

26 P.O. Box 270297

4. FEI Number

59-3287284

Applied For

Not Applicable

Suite, Apt #, etc

22 200

Suite, Apt #, etc

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33618

25 USA

29 33688-0297

30 USA

8. This corporation has liability for intangible tax under S. 193.002,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BARNETT, SCOTT F
401 EAST JACKSON STREET
SUITE 2400
TAMPA FL 33602

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 607.1608, 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 (Type or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: NERTNEY, JOHN T
STREET ADDRESS: 5701 MAIN STREET
CITY ST ZIP: NEW PORT RICHEY FL 34652-2635

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

11 TITLE: P/D Change Addition
12 NAME: NERTNEY, JOHN T
13 STREET ADDRESS: 6719 WHITEWAY DRIVE
14 CITY ST ZIP: TEMPLE TERRACE, FL 33617

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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)(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, respectively, or on an attachment with an address.

SIGNATURE:

John T. Nertney

JOHN T. NERTNEY

4-28-95

813-962-3730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number