

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Governor E. Morton
 Secretary of State
 DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -5 AM 8:51

SECRET OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S06005

(0)

1. Corporation Name

PROVENZANO & ASSOCIATES, INC.

Principal Place of Business

**797 TIMUQUANA LANE
PALM HARBOR FL 34683**

Mailing Address

**797 TIMUQUANA LANE
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/01/1990** 3a. Date of Last Report **06/28/1994**

4. FEI Number **59-3039710** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. This corporation has adopted the provisions of Chapter 119, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 State Apt # etc 26 State Apt # etc

22 City & State 27 City & State

23 24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

**PROVENZANO, JANE A.
797 TIMUQUANA LANE
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 must appear with registered agent on this statement)

(Signature must appear with registered agent on this statement)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
0	PROVENZANO, JANE A.	797 TIMUQUANA LANE	PALM HARBOR FL
1			
2			
3			
4			
5			
6			
7			
8			
9			

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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)(b), Florida Statutes. I further certify that the information submitted 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 treasurer or another person named to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Item 12 or Item 13 (if changed) or on an attachment with an address.

SIGNATURE: *Jane A. Provenzano*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

JANE A. PROVENZANO

6/28/95 (813) 789-2199