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 # **S92844** **(7)**

1. Corporation Name

JO ELLEN FARNHAM, P.A.

Principal Place of Business	Mailing Address
9929 U S HWY 19 PORT RICHEY FL 34668 US	P.O. BOX 1154 PORT RICHEY FL 34673-1154 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Street, Apt. #, etc. (22)	Street, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **11/01/1991**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **65-0298132** ☐ 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

FARNHAM, JO ELLEN
10133 U.S. HIGHWAY 19
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: JOELLEN FARNHAM
82 Street Address (P.O. Box Number is Not Acceptable): 9929 US Highway 19
83 Port Richey, FL
84 City: FL 85 Zip Code: 34668

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	PVS	☐ DELETE	11 TITLE	JOELLEN FARNHAM	☒ Change ☐ Addition
NAME	FARNHAM, JOELLEN		12 NAME		
STREET ADDRESS	10133 US HIGHWAY 19		13 STREET ADDRESS	9929 US Highway 19	
CITY-ST-ZIP	PORT RICHEY FL		14 CITY, ST, ZIP	Port Richey, FL 34668	
2 TITLE	S	☐ DELETE	21 TITLE	JOELLEN FARNHAM	☒ Change ☐ Addition
NAME	FARNHAM, JOELLEN		22 NAME		
STREET ADDRESS	10133 US HIGHWAY 19		23 STREET ADDRESS	9929 US Highway 19	
CITY-ST-ZIP	PORT RICHEY FL		24 CITY, ST, ZIP	Port Richey, FL 34668	
3 TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY, ST, ZIP		
4 TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY, ST, ZIP		
5 TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY, ST, ZIP		
6 TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY, ST, ZIP		

CR2E034 (12/95)

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)(i), 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 added by an attachment with an address.

SIGNATURE: JoEllen Farnham 1/18/96 869-9159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #