

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 # **V05522** (0)

1. Corporation Name

BILL JANNEY & ASSOCIATES, INC.



Principal Place of Business

**6051 CASTELLO DRIVE
SUITE 92
NAPLES FL 33940
US**

Mailing Address

**6051 CASTELLO DRIVE
SUITE 92
NAPLES FL 33940
US**

3. Date Incorporated or Qualified

01/09/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 1268 Pompei Lane
Suite, Apt. #, etc.

2a. Mailing Address

26 1268 Pompei Lane
Suite, Apt. #, etc.

4. FEI Number

65-0305464

Applied For

Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23
Zip

Country

28
Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**JANNEY, WILLIAM R III
6051 CASTELLO DRIVE
SUITE 92
NAPLES FL 33940**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

P ☐ DELETE
TITLE
NAME **JANNEY, WILLIAM R III**
STREET ADDRESS **1268 POMPEI LANE**
CITY-ST-ZIP **NAPLES FL**

TS ☐ DELETE
TITLE
NAME **JANNEY, PATRICIA U**
STREET ADDRESS **645 FIRST AVE, NORTH**
CITY-ST-ZIP **NAPLES FL**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition
6.1 TITLE
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: *X William R Janney III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R Janney III

4/26/96
X 941-434-8585

Date

Daytime Phone

CR2E034 (12/95)