

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V24855** (1)

95 JAN 18 PM 2:31

1. Corporation Name
JUNE M. DENISON P.A.

Principal Place of Business Mailing Address
**2670 ESTERO BLVD.
P.O. BOX 205 BRANCH 1
FT MYERS BEACH FL 33901** **P.O. BOX 205 BRANCH 1
FT MYERS BEACH FL 33931
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1992** 3a. Date of Last Report **01/27/1994**

2. Principal Place of Business 2a. Mailing Address
21 26 27

4. FEI Number **65-0337546** Applied For Not Applicable

State, Apt. #, etc. Suite, Apt. #, etc.
22 27

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

City & State City & State
23 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
24 25 29 30

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

**HEIST, H. ANTHONY
1681 ESTERO BLVD. SUITE 14
P.O. BOX 2514
FT MYERS BEACH FL 33932**

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

(Agent) (Agent's printed name of registered agent) (SEE INSTRUCTIONS)

(AGENT) (Registered Agent's printed name) (SEE INSTRUCTIONS)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **DENISON, JUNE M.**
STREET ADDRESS **170 CURLEW STREET**
CITY, ST, ZIP **FT MYERS BEACH FL**

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CITY, ST, ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

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

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

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

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

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(1)(b), Florida Statutes. I further certify that the information included 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. 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 1, or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

June M. Denison
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/13/95 (813) 463-4055
DATE (SEE INSTRUCTIONS)