

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **V65194** (5)

1. Corporation Name

DAVID E. DISNEY, P.A.



Principal Place of Business

**234 WEST NEW YORK AVENUE
DELAND FL 32720**

Mailing Address

**234 WEST NEW YORK AVENUE
DELAND FL 32720**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

25

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

**DISNEY, DAVID E.
234 WEST NEW YORK AVENUE
DELAND FL 32720**

3. Date Incorporated or Qualified

09/18/1992

3a. Date of Last Report

02/06/1995

4. FEI Number

59-3142449

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

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

ADDITIONAL AGENTS

DATE

12.

1. NAME

**P
DISNEY, DAVID
234 W. NEW YORK AVE
DELAND FL
VSTD**

☐ DELETE

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, STATE, ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, STATE, ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, STATE, ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, STATE, ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY, STATE, ZIP

13.

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. NAME

8. STREET ADDRESS

9. CITY, STATE, ZIP

10. TITLE

11. NAME

12. STREET ADDRESS

13. CITY, STATE, ZIP

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY, STATE, ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY, STATE, ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY, STATE, ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY, STATE, ZIP

34. TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 attached written address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. DISNEY

1-16-96

(904) 734-5285

CR2E034 (12/95)