

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY 19 9:37

DOCUMENT # **V68485** (4)

DONALD L. BERGMAN, ARCHITECT, P.A.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1210 S 12 ST FT PIERCE FL 34950 US	1210 S 12 ST FT PIERCE FL 34950 US
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3. Date Incorporated or Qualified 09/28/1992	3a. Date of Last Report 06/10/1994
4. FIC Number 65-0365817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Expenses and Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for officers under Chapter 45, 1993 F.S. Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Name of Applicant	2a. Mailing Address
22. Name of Agent	27. Name of Agent
23. City & State	28. City & State
24. Term Expires	25. Term Expires
29. Term Expires	30. Term Expires

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERGMAN, DONALD L. 1210 S. 12TH STREET FT. PIERCE FL 34950		B1 Name	
		B2 Street Address if P.O. Box Number is Not Applicable	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 409.01 and 409.02, 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 responsibilities of section 409.03, Florida Statutes.

SIGNATURE: _____

12. CURRENT OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED OFFICERS AND DIRECTORS (F.I.C.)	
NAME	PST BERGMAN, DONALD L. 1210 S 12 ST FT PIERCE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		19. NAME	
STREET ADDRESS		20. STREET ADDRESS	
CITY		21. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		24. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		26. STREET ADDRESS	
CITY		27. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		30. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		31. NAME	
STREET ADDRESS		32. STREET ADDRESS	
CITY		33. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		36. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		51. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		60. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		69. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		96. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		99. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		101. STREET ADDRESS	
CITY		102. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		105. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		107. STREET ADDRESS	
CITY		108. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		110. STREET ADDRESS	
CITY		111. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		112. NAME	
STREET ADDRESS		113. STREET ADDRESS	
CITY		114. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		115. NAME	
STREET ADDRESS		116. STREET ADDRESS	
CITY		117. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		118. NAME	
STREET ADDRESS		119. STREET ADDRESS	
CITY		120. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information requested and the filing is voluntarily furnished and does not qualify for the exemption stated in subsection 119.07(1)(b), Florida Statutes. I further certify that the information indicates that the annual report or supplementary annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. If it appears to be in violation of this corporation or the resolution of directors requested for an audit this report as required by Chapter 45, Florida Statutes, and that the same information is being filed for any other purpose, I will cooperate with any and all investigations.

SIGNATURE: *Donald Lee Bergman*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5-1-95

407-466-0075