FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 10 AM 9:56

DOCUMENT # 493392 (5)

1. Corporation Name

JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P .A.

Principal Place of Business	Mailing Address
911 CHESTNUT ST. P.O.BOX 1368 CLEARWATER FL 34617	911 CHESTNUT ST. P.O.BOX 1368 CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1976
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-1640245 ☐ 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

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

9. Name and Address of Current Registered Agent

JOHNSON, TIMOTHY JR.
1 LEEWARD ISLAND
CLEARWATER FL 33516

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] Signed in error

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, ELIZABETH J.	1.2 NAME	
STREET ADDRESS	1459 CITRUS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, TIMOTHY A JR.	2.2 NAME	
STREET ADDRESS	1 LEEWARD ISLAND	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHAEFER, JOHN A	3.2 NAME	
STREET ADDRESS	1825 NORTHWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	DELETE ☒ Change ☐ Addition
NAME	POPE, F. WALLACE, JR.	4.2 NAME	POPE, F. WALLACE, JR.
STREET ADDRESS	212 LEEWARD ISLAND	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	P ☒ Change ☐ Addition
NAME	ILGENFRITZ, SCOTT C	5.2 NAME	ILGENFRITZ, SCOTT C
STREET ADDRESS	2505 PROSPECT RD	5.3 STREET ADDRESS	2505 PROSPECT RD
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	~~TAMPA, FL~~
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 2/15/95 813-225-2500

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

0464707 FF