

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 536409 (6)

1. Corporation Name  
KERKERING, BARBERIO & CO., P.A.

Principal Place of Business

1858 RINGLING BLVD.  
SARASOTA FL 34236

Mailing Address

1858 RINGLING BLVD.  
SARASOTA FL 34236-5917



3. Date Incorporated or Qualified  
06/01/1977

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1753337

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

9. Name and Address of Current Registered Agent

BARBERIO, A. J.  
1858 RINGLING BLVD.  
SARASOTA FL 34236

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAUMANN, CHARLES	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAMMER, JAMES	
STREET ADDRESS	1001 NINTH AVE WEST	
CITY - ST - ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLARKE, ROBERT	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARBERIO, ALLAN J	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GOBLE, RICHARD	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	SDV	<input checked="" type="checkbox"/> DELETE
NAME	GEBHARD, H DIETER	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY - ST - ZIP	SARASOTA, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM G. MILES	
1.3 STREET ADDRESS	1858 RINGLING BLVD	
1.4 CITY - ST - ZIP	SARASOTA, FL 34236	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*William G. Miles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

(941) 365-4617

Daytime Phone #

CR2E034 (9/96)