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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 573915

(6)

W. ERIC VENABLE, P.A.

гинсіраі	made o	Dusiness	

Mailing Address

7402 N 56TH ST SHITE 380

7402 N SATH ST SHITE 390



TAMPA FL 33617		TAMPA FL 33617	TAMPA FL 33617				
					3. Date Incorporated or Qualified 05/30/1978	3a. Date of Last Report 02/28/1995	
<b>2.</b> Principal Pl  1	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-1824867	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip ──	Country	Zip	Countr	У	8. This corporation has liability for in	itangible tax under s. 199.032,	
24	25	29	30			□No	
	9. Name and Address of Cur	ent Hegistered Agent	8	T 65-1-1-	10. Name and Address of New Re	egistered Agent	
			l°	Name			
	, W ERIC		8:	Street Addr	ess (P.O. Box Number is Not Acceptable	е)	
	6TH ST.,STE.380		8:	<u>.</u>			
TAMPA F	-L 33617		0.	<b>'</b>			
			84	City		<b>85</b> Zip Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508 Florida Statut	es the above	Damad compor	ation or handle this platement for the pure	FL 83 Zip Code	
or register familiar wit	red agent, or both, in the State of FI th, and accept the obligations of, Se	orida. Such change was authoriz action 607.0505, Florida Statutes	ed by the cor s.	poration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	intment as registered agent. I am	
SIGNATURE	Signature, typed or printed name of registered ag	ent arm title if applicable (NC		nt sepreture requires		DATE	
12.	T	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1. <b>1</b> TIFLE			Change Addition	
NAME	VENABLE, W. ERIC		1.2 NAME				
STREET ADDRESS	7402 N 56TH STREET		1.3 STREE	T ADDRESS			
COY-ST-ZIF	TAMPA, FL 00000	To printe	1.4 CHY-				
TITLE		DELETE	2 1 TRILE			Change Add-tion	
NAME CORREL ADDRESS			2 2 NAME				
STREET ADDRESS	-			T ADDRESS			
CITY-ST-ZIP TITLE	☐ DELETE			ST-7-F	Change Addition		
NAME		- Decere	3 1 T TLF 3 2 NAME	i		Change Addition	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			3 4 CiTY	ĺ			
TITLE	DELETE					Change Addition	
NAME			4 1 TITLE 42 NAME			□3 Ø- □ 1.000.000.	
STREET ADORESS			43 STREE	T ADDRESS			
CITY+ST-ZIP			4.4 CHY -				
TITLE	Decete			_ <b></b>	Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	T ADDRESS			
CITY-ST-7IP			5.4 CrTY -	ST - 7/P			
TITLE		☐ DELETE	6 1 TiTLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			63STREE	I ADDRESS			
CITY-ST-ZIP	L		6 4 CITY -	ST-ZIP			
14. I do hereby	y certify that the information supplie	d with this filing is voluntarily furni	ished and doc	s not qualify fo	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further	

cath; that I am an officer or appears in Block 12 or Blo

SIGNATURE: