

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:26

DOCUMENT # 723111 (1)

1. Corporation Name

ST. PETERSBURG BAR ASSOCIATION INC

Principal Place of Business

Mailing Address

2600 NINTH ST N. #602
P.O. BOX 7538
ST. PETERSBURG FL 33734

2600 NINTH ST N. #602
P.O. BOX 7538
ST. PETERSBURG FL 33734

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1972

3a. Date of Last Report

02/24/1994

4. FEI Number

59-1095061

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REAMS, HUGH E
360 CENTRAL AVENUE, 15TH FLOOR
ST PETERSBURG FL 33701

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

(if 11) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME OLSON, STEWART O
STREET ADDRESS 424 CENTRAL AVE, 6TH FLOOR
CITY - ST - ZIP ST. PETERSBURG FL

11 TITLE SD ☒ Change ☐ Addition
12 NAME Kevin D. Fantauzzo
13 STREET ADDRESS 980 Tyrone Blvd.
14 CITY - ST - ZIP St. Petersburg, FL 33710

TITLE PED
NAME SHAMES, MARK I
STREET ADDRESS 535 CENTRAL AVE, STE 403
CITY - ST - ZIP ST PETERSBURG FL

21 TITLE PED ☒ Change ☐ Addition
22 NAME H. James Fischer
23 STREET ADDRESS 5959 Central Ave., STE 201
24 CITY - ST - ZIP St. Petersburg, FL 33710

TITLE TD
NAME KAPUSTA, ROBERT J
STREET ADDRESS 100 2ND AVE SO, STE 701
CITY - ST - ZIP ST. PETERSBURG FL

31 TITLE TD ☒ Change ☐ Addition
32 NAME William H. Bartlett
33 STREET ADDRESS 360 Central Ave., STE 1500
34 CITY - ST - ZIP St. Petersburg, FL 33701

TITLE PD
NAME LOPEZ, KAREN B.
STREET ADDRESS 609-1ST AVE. N.
CITY - ST - ZIP ST. PETERSBURG FL

41 TITLE PD ☒ Change ☐ Addition
42 NAME Mark I. Shames
43 STREET ADDRESS 535 Central Ave., STE 403
44 CITY - ST - ZIP St. Petersburg, FL 33701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(b), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William H. Bartlett

William H. Bartlett 2/20/95 (813)823-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number