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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



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

1996

F22910

(6)

1. Corporation Name FROST, O'TOOLE & SAUNDERS, P.A. Principal Place of Business 395 S CENTRAL AVE PO BOX 2188 BARTOW FL 33830 Mailing Address 395 S CENTRAL AVE PO BOX 2188 BARTOW FL 33830							
BARTOW FL	33830	BAHTOW FL 33830			3. Date Incorporated or Qualified 03/11/1981	3a. Date of Last F 04/20/19	Report 95
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2067460		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required	
City & State		City & State			Flection Campaign Financing Trust Fund Contribution	1 1 '	00 May Be
Zip	Country	Zip	Coun	iry	8. This corporation has liability for	intangible tax under s	
24	25	29	30		Florida Statutes Yes 10. Name and Address of New	No No	
	9. Name and Address of Current	Registered Agent		Name	TO, INSIDE BITO ADDRESS OF NEW	negistered Adent	
FROST, JOHN W II							
395 S CENTRAL AVE			1	Street Add	ress (P.O. Box Number is Not Accepta	tile)	
BARTOW			1	33			
33830	•		ļ,	M 63		OE 7	ip Code
			,	14 City		FL 85 Z	ip Code
SIGNATURE	Signature typed or printed name of registered agent a OFFICERS AND PTD FROST, JOHN W II 395 S CENTRAL AVE		13. 1. 1 TH 1.2 NAM		രാ vt ലാ ലേകവിലും' ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12
CITY-ST-ZIP	BARTOW, FL 00000		1 4 CIT	-ST-ZIP			
TITLE	OLTOOLE NEAL		2 1 TITLE			Change	Addition
NAME	O'TOOLE, NEAL L 395 SO CENTRAL AVE		2.2 NAA				
STREET ADORESS	BARTOW FL			EET ADDRESS			
CITY-ST-ZIP	V	☐ DELETE	2 4 Cill	-ST-ZIP		Change	☐ Addition
NAME	SAUNDERS, THOMAS C	Correction	3 2 NAM	1		- J.	
STREET ADDRESS	395 S. CENTRAL AVENUE			LEEL ADDRESS			
CITY-ST-ZIP	BARTON FL			′-ST-7/P			
TITLE		☐ DELETE	4. 1 111	.E		Change	☐ Addition
NAME			4.2 NAM	1E			
STREFT ADDRESS				EET ADDRESS			
CITY-ST-ZIP		E) DELETE		(-ST-7IP		Change	Addition
TITLE		☐ DELETE	5 1 111			П видиде	[_] V00@011
NAME			52 NAM				
SZERCOA LEERTS			i	EET ADORESS (-S1-ZIP			
CITY - ST - ZIP TITLE	☐ DELETE		6 1 TIT			Change	☐ Addition
NAME		_	6.2 NAM				
STREET ADDRESS			6.3 STR	EET ADOPESS			
CITY-ST-7IP			6.4.013	(-ST-ZIP			
14. I do hereby certify that path; that	y certify that the information supplied v the information indicated on this annu I am an officer or director of the corpor Block 12 or Block 13 if changed or o	ration or the receiver or trusti	ee empowere	oes not qualify true and accur d to execute the	for the exemption stated in Section 119 ate and that my signature shall have th his report as required by Chapter 607, I	9.07(3)(k), Florida Stati e same legal effect as Florida Statutes; and tl	utes. I further if made under hat my name

John W. Frost, II ///5/16