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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F60384

(7)

1. Corporation Name

DWIGHT DARBY & COMPANY, P.A.



Principal Place of Business

611 MAGNOLIA
TAMPA FL 33606

Mailing Address

611 MAGNOLIA
TAMPA FL 33606

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

TUSHAUS, BRADLEY C.
611 MAGNOLIA AVE.
TAMPA FL 33606

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 607.1506, 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 of Agent (Print Name, State, and Date)

(Print Name, State, and Date)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE 12.1 NAME DP BOND, WAYNE 12.2 STREET ADDRESS 611 MAGNOLIA AVE 12.3 CITY, ST, ZIP TAMPA, FL 00000	☐ Change ☐ Addition 13.1 NAME 13.2 STREET ADDRESS 13.3 CITY, ST, ZIP
☐ DELETE 12.4 NAME DT TUSHAUS, BRADLEY C. 12.5 STREET ADDRESS 611 MAGNOLIA AVE 12.6 CITY, ST, ZIP TAMPA FL	☐ Change ☐ Addition 13.4 NAME 13.5 STREET ADDRESS 13.6 CITY, ST, ZIP
☐ DELETE 12.7 NAME DS BRANNAN, JOHN B. 12.8 STREET ADDRESS 611 MAGNOLIA AVE. 12.9 CITY, ST, ZIP TAMPA FL	☐ Change ☐ Addition 13.7 NAME 13.8 STREET ADDRESS 13.9 CITY, ST, ZIP
☐ DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY, ST, ZIP	☐ Change ☐ Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, ST, ZIP
☐ DELETE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, ST, ZIP	☐ Change ☐ Addition 13.13 NAME 13.14 STREET ADDRESS 13.15 CITY, ST, ZIP
☐ DELETE 12.16 NAME 12.17 STREET ADDRESS 12.18 CITY, ST, ZIP	☐ Change ☐ Addition 13.16 NAME 13.17 STREET ADDRESS 13.18 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:

Wayne Bond WAYNE BOND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-856 (813) 751-2411
DATE

CR2E034 (12/95)