

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G07642** (3)

1. Corporation Name
HUMPHREY & KNOTT, P.A.

Principal Place of Business % JAMES T. HUMPHREY 1625 HENDRY ST., S-301 - P.O. BOX 2449 FORT MYERS FL 33902 US	Mailing Address % JAMES T. HUMPHREY 1625 HENDRY ST., S-301 - P.O. BOX 2449 FORT MYERS FL 33902 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/01/1982	
				4. FEI Number 59-2228541	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent HUMPHREY, JAMES T. 1625 HENDRY ST., S-301 FORT MYERS FL 33901				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	☐ Change ☒ Addition		
NAME	HUMPHREY, JAMES T			1.2 NAME	D/Assistant Vice President		
STREET ADDRESS	1625 HENDRY ST, S-301			1.3 STREET ADDRESS	Horowitz, Mark A.		
CITY-ST-ZIP	FT MYERS FL 33901			1.4 CITY-ST-ZIP	1625 Hendry St., S-301		
TITLE	DV	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	CONSOER, GEORGE L.			2.2 NAME			
STREET ADDRESS	1625 HENDRY ST, S-301			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33901			2.4 CITY-ST-ZIP			
TITLE	DS	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	KNOTT, GEORGE H.			3.2 NAME			
STREET ADDRESS	1625 HENDRY ST., S-301			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33901			3.4 CITY-ST-ZIP			
TITLE	DT	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	EBELINI, MARK A.			4.2 NAME			
STREET ADDRESS	1625 HENDRY ST., S-301			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33901			4.4 CITY-ST-ZIP			
TITLE	ATD	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	HART, THOMAS B			5.2 NAME			
STREET ADDRESS	1625 HENDRY STREET, S-301			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33901			5.4 CITY-ST-ZIP			
TITLE	ASD	☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME	BUTLER, GAREY F			6.2 NAME			
STREET ADDRESS	1625 HENDRY STREET, S-301			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33901			6.4 CITY-ST-ZIP			

14. I 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:



4/7/98

941-334-2722

CR2E034 (10/97)