

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

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**Apr 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # G42446 (6)**  
1. Corporation Name  
**KETCHY HORAN, P.A.**

*N/C 5/17/96*



Principal Place of Business  
**100 NORTH TAMPA STREET SUITE 1900 TAMPA FL 33602 US**

Mailing Address  
**100 N TAMPA ST. #1900 P O BOX 500 TAMPA FL 33601-0500**

3. Date Incorporated or Qualified **06/01/1983** 3a. Date of Last Report **02/27/1996**  
4. FEI Number **59-2202111** 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**  
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  
**KETCHY, CHARLES F., JR.  
100 N TAMPA ST  
STE 1900  
TAMPA FL 33602**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D, VP</b> <input type="checkbox"/> DELETE
NAME	<b>HEARN, STEVEN L.</b>
STREET ADDRESS	<b>2520 PALM DR</b>
CITY - ST - ZIP	<b>TAMPA, FL 00000</b>
TITLE	<b>D, P</b> <input type="checkbox"/> DELETE
NAME	<b>HORAN, MICHAEL P</b>
STREET ADDRESS	<b>761 BRIGHTWATERS BLVD NE</b>
CITY - ST - ZIP	<b>ST. PETERSBURG, FL 0</b>
TITLE	<b>D, VP</b> <input type="checkbox"/> DELETE
NAME	<b>NEUKAMM, JOHN B.</b>
STREET ADDRESS	<b>2511 JETTON AVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>VP, D</b> <input type="checkbox"/> DELETE
NAME	<b>KETCHY, CHARLES F.</b>
STREET ADDRESS	<b>902 FRANKLAND RD</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D, S, T</b> <input type="checkbox"/> DELETE
NAME	<b>BAUMANN, PHILLIP A</b>
STREET ADDRESS	<b>2811 RUBIDEAUX</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D, VP</b> <input type="checkbox"/> DELETE
NAME	<b>ENGLISH, JUDITH A.</b>
STREET ADDRESS	<b>804 S. OREGON AVE.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>P, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>VP, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>VP, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>S, T, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<b>VP, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**600002149256**  
**-04/21/97--01115--007**  
**\*\*\*165.00**

*4/21/97*

14. I do 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ **Vice President** **4/17/97** **(813)223-9395**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)