

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

**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 -1 AM 11:56

**DOCUMENT # J11145 (6)**  
1. Corporation Name  
**HILL, WARD & HENDERSON, PROFESSIONAL ASSOCIATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
101 E. KENNEDY BLVD. STE 3700 101 E. KENNEDY BLVD. STE 3700  
P.O. BOX 2231 P.O. BOX 2231  
TAMPA FL 33602 TAMPA FL 33602

3. Date Incorporated or Qualified 04/25/1986 3a. Date of Last Report 03/28/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2678550	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HENDERSON, THOMAS N., III 101 E. KENNEDY BLVD. STE 3700 TAMPA FL 33602				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (too if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, BENJAMIN H., III	1.2 NAME	
STREET ADDRESS	1909 BROOKLINE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, DAVID E JR.	2.2 NAME	
STREET ADDRESS	1925 BAYSHORE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, THOMAS N., III	3.2 NAME	
STREET ADDRESS	2001 BAYSHORE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBRANO, ANDREW J.	4.2 NAME	
STREET ADDRESS	833 SOUTH BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYRRELL, DAVID R.	5.2 NAME	
STREET ADDRESS	2827 SAMARA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARTIN L.	6.2 NAME	
STREET ADDRESS	1813 CULBREATH ISLES DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 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: *Andrew J. Lubrano* 1/26/95 813-221-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Captain Phone #)  
**Andrew J. Lubrano, Secretary**

**CORPORATION ANNUAL REPORT - 1995**  
**Names and Street Addresses of Each Officer and Director (cont'd)**

7. D - Thomas W. Black	4507 West Dale Ave.	Tampa, FL 33609
8. D - John L. Holcomb	4412 Brookwood Drive	Tampa, FL 33629
9. D - Stephen M. Hudoba	4803 Juno Street	Tampa, FL 33629
10. D - Timothy A. Hunt	705 South Fielding Ave.	Tampa, FL 33606
11. D - David T. Knight	3501 North San Miguel	Tampa, FL 33629
12. D - Douglas P. McClurg	2721 Terrace Drive	Tampa, FL 33609
13. D - R. James Robbins, Jr.	2605 Edgewood Road	Tampa, FL 33609
14. D - W. Lawrence Smith	3601 Bayshore Boulevard	Tampa, FL 33629
15. D - Jeannie Trudeau Tate	106 Martinique Ave.	Tampa, FL 33606
16. D - Dennis P. Waggoner	2821 Terrace Drive	Tampa, FL 33609
17. D - Brett J. Preston	1212 Suffolk Drive	Tampa, Florida 33629
18. D - William C. Guerrant, Jr.	4608 San Jose Street	Tampa, Florida 33629
19. D - John B. Grandoff, III	4514 Melrose Avenue	Tampa, Florida 33629
20. D - R. Scott Brown	2911 Alline Avenue	Tampa, Florida 33711