


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

FILED

**Feb 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # J49812 (7)
 1. Corporation Name
BUSH, ROSS GARDNER, WARREN & RUDY P.A.



Principal Place of Business 220 S FRANKLIN ST. TAMPA FL 33602	Mailing Address 220 S FRANKLIN ST. TAMPA FL 33602
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1986	
21		26		4. FEI Number 59-2753805	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HADLOW, RICHARD B. 220 S FRANKLIN ST. TAMPA FL 33602				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JAMES O	1.2 NAME	GIORDANO, JOHN G
STREET ADDRESS	220 SOUTH FRANKLIN ST	1.3 STREET ADDRESS	220 SOUTH FRANKLIN ST
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HADLOW, RICHARD B.	2.2 NAME	BARLOW, MAHLON H.
STREET ADDRESS	220 S. FRANKLIN ST.	2.3 STREET ADDRESS	220 SOUTH FRANKLIN ST
	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLCIMASCOLO, SAMUEL B.	3.2 NAME	SCHUMACHER, ALICIA J.
STREET ADDRESS	220 S. FRANKLIN ST.	3.3 STREET ADDRESS	220 SOUTH FRANKLIN ST
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, J. STEPHEN	4.2 NAME	MINEGAR, CRAIG A.
STREET ADDRESS	220 S. FRANKLIN ST.	4.3 STREET ADDRESS	220 SOUTH FRANKLIN ST
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, JEREMY P.	5.2 NAME	BUSH, JOHN R.
STREET ADDRESS	220 S. FRANKLIN ST.	5.3 STREET ADDRESS	220 SOUTH FRANKLIN ST
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL33602
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVITZ, EDWARD O.	6.2 NAME	DOUGLAS, PATRICIA L.
STREET ADDRESS	220 S. FRANKLIN ST.	6.3 STREET ADDRESS	220 SOUTH FRANKLIN ST
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA, FL 33602

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: _____

[Handwritten Signature]

1-29-98

(813) 224-9255

CR2E034 (10/97)

