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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT #

1. Corporation Name ALLEY, INGRAM & BUCKLER, P.A.

 18888

Principal Place o	CO stance	Mailing Address			- I SOUTH BEST OF BUTTER BUTTER THAT I WAS I			
		-	CTREET					
701 E. WASHIN		701 E. WASHINGTON : TAMPA FL 33602	OINEEI					
TAMPA FL 336	VK	man it to			3. Date Incorporated or Qualified	3a. Date	of Last F	Report
					10/03/1989		/01/19	
. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
. Principai Piac	GO OF ENGLISHED	26			59-2966654			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
]	:	27						Required
City & State		City & State			6. Election Campaign Financing			00 May Be
]		28			Trust Fund Contribution			ed to Fees
<i>7</i> ip	Country	Zip	Count	ry	8. This corporation has liability for Florida Statutes  Yes	intangibie ta: ∷ ∐No	x under s	s 199.00z,
i]	25	29	30		10. Name and Address of New F		Agent	
	9. Name and Address of Curren	it Registered Agent	8	1 Name	IV. Hame and Address of from		J	
			l°			·. :		
	MICHAEL M.		8	2 Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
	r washington		<u> </u>					
tampa f	L 33602		8	'3				
			8	4 City		FL	85	Zip Code
							·	registered off
1. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the above	a-named corpo vrocration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	opintment as	registere	ed agent. I am
	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect			poranon a boc	and by directions, trickedly according to the		~	_
	,							
SIGNATURE _	Signature, typed or printed name of registered agent	t and title il applicable (l		gent signature requir	od when reinstating: ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIBECT	TORS IN 12
		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ricens ANL		
<b>Z</b> .				T_			□ Chano∈	e IIAdd-hor
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ITLE IAME		☐ DELETE	1.2 NAN			[	∐ Change	e [_] Add-tion
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12.  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	ALLEY, C. TODD 701 EAST WASHINGTON TAMPA FL		1.2 NAM 1.3 STR 1.4 CHY 2.1 TIT 2.2 NAM	AE EET ADDRESS Y-ST-ZIP LE				
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or, or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it in fide-under or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address. certify that the information indicated on to oath; that I am an officer or director of the appears in Block 12 or Block 13 if chan

SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTOR

HII 9 96 Dayline Proce

CR2E034 (12/95)