

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 27 PM 3: 21

DOCUMENT # **L57394** (3)

1. Corporation Name  
**ROBERT CEFAIL & ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**% ROBERT CEFAIL**  
**503 CLEVELAND ST., STE 400/**  
**CLEARWATER FL 34617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1990** 3a. Date of Last Report **03/24/1994**  
4. FEI Number **59-3002016** 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 of intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **600 Cleveland St.** 26 **600 Cleveland St.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **500** 27 **500**  
City & State City & State  
23 **Clearwater FL** 28 **Clearwater FL**  
Zip Country Zip Country  
24 **34615** 25 **USA** 29 **34615** 30 **USA**

9. Name and Address of Current Registered Agent  
**CEFAIL, ROBERT**  
**1907 BAY BLVD.**  
**INDIAN ROCKS BEACH FL 34835**

10. Name and Address of New Registered Agent  
81 Name **Robert Cefail**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**600 Cleveland St.**  
83 **Suite 500**  
84 City **Clearwater** 85 Zip Code **FL 34615**

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 of agent or person named as registered agent, and the corporation

Signature of Registered Agent, signature required when replacing

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>CEFAIL, ROBERT</b>
STREET ADDRESS	<b>503 CLEVELAND ST STE 400</b>
CITY, ST, ZIP	<b>CLEARWATER FL</b>
TITLE	<b>DVP</b>
NAME	<b>HARDY, ANATOLA</b>
STREET ADDRESS	<b>503 CLEVELAND ST STE 400</b>
CITY, ST, ZIP	<b>CLEARWATER FL</b>
TITLE	<b>DT</b>
NAME	<b>ZENTNER, MICHAEL</b>
STREET ADDRESS	<b>503 CLEVELAND ST STE 400</b>
CITY, ST, ZIP	<b>CLEARWATER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Robert Cefail</b>
13 STREET ADDRESS	<b>600 Cleveland St. Suite 500</b>
14 CITY, ST, ZIP	<b>Clearwater, FL 34615</b>
21 TITLE	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Anatola Cefail</b>
23 STREET ADDRESS	<b>600 Cleveland St. Suite 500</b>
24 CITY, ST, ZIP	<b>Clearwater, FL 34615</b>
31 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>J. Scott Moreland</b>
33 STREET ADDRESS	<b>600 Cleveland St. Suite 500</b>
34 CITY, ST, ZIP	<b>Clearwater, FL 34615</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, true and correct 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: **Anatola Cefail** 2/13/95 813-461-2191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR