

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

|                                                                                        |                                                                            |                                                                                   |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000119186</b>                                                         |                                                                            |  |
| 1. Entity Name<br>SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX, P.A.               |                                                                            |                                                                                   |
| Principal Place of Business<br>201 E. KENNEDY BLVD.<br>SUITE 600<br>TAMPA, FL 33602 US | Mailing Address<br>201 E. KENNEDY BLVD.<br>SUITE 600<br>TAMPA, FL 33602 US |                                                                                   |



03152005 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>86-1084686 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SAXON, BERNICE S  
201 E. KENNEDY BLVD.  
SUITE 600  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

1000000278600  
03/28/05-80033-001 150.00

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/D<br>LASH, THOMAS A ESQ<br>201 E. KENNEDY BOULEVARD, SUITE 600<br>TAMPA, FL 33602       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/D<br>WILCOX, JOHN W ESQ<br>201 E. KENNEDY BOULEVARD, SUITE 600<br>TAMPA, FL 33602       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/D<br>GIBBONS, JOHN B ESQ<br>201 E. KENNEDY BOULEVARD, SUITE 600<br>TAMPA, FL 33602      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>SAXON, BERNICE S ESQ<br>201 E. KENNEDY BOULEVARD, SUITE 600<br>TAMPA, FL 33602      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/D<br>GILMORE, RICARDO L ESQ<br>201 E. KENNEDY BOULEVARD, SUITE 600<br>TAMPA, FL 33602    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/D<br>CARRAWAY, J. FRAZIER ESQ<br>201 E. KENNEDY BOULEVARD, SUITE 600<br>TAMPA, FL 33602 |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Bernice S. Saxon, Pres. 3/28/05 813-314-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #