2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000119186

1. Entity Name
SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX, P.A.

Principal Place of Business	Mailing Address
201 E. KENNEDY BLVD. SUITE 600 TAMPA, FL 33602 US	201 E. KENNEDY BLVD. SUITE 600 TAMPA, FL 33602 US

02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1084686
☐ Applied For
☐ Not Applicable

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

U00000426850
02/20/06-80061-012 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 2/7/06 813-314-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #