

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

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

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

Mailing Address
201 E. KENNEDY BLVD.
SUITE 600
TAMPA, FL 33602 US



02212007 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

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, 2007 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

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03/12/07-80002-023 150.00

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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, President 2/21/07 813-314-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #