

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000074423 (3)

1. Corporation Name  
 DRISCOLL & PRATS, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 501 - 1ST AVE. NORTH, STE. 700, ST. PETERSBURG FL 33701  
 Mailing Address: 501 - 1ST AVE. NORTH, STE. 700, ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: 10/19/1993  
 4. FEI Number: 59-3207124  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
 PRATS, CATHERINE C  
 501 - 1ST AVE. NORTH  
 STE. 700  
 ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent  
 81 Name: TIMOTHY P. DRISCOLL  
 82 Street Address (P.O. Box Number is Not Acceptable): 501 FIRST AVENUE NORTH  
 83 SUITE 700  
 84 City: ST. PETERSBURG FL 85 Zip Code: 33701

11. Pursuant to the provisions of sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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]

(NOTE: Registered Agent signature required when reinstating)

9-24-98

12. OFFICERS AND DIRECTORS  
 TITLE: D DRISCOLL, TIMOTHY P [ ] DELETE  
 NAME: DRISCOLL, TIMOTHY P  
 STREET ADDRESS: 501 - 1ST AVE. NORTH, #700  
 CITY-ST-ZIP: ST. PETERSBURG FL 33701  
 TITLE: D PRATS, CATHERINE C [x] DELETE  
 NAME: PRATS, CATHERINE C  
 STREET ADDRESS: 501 - 1ST AVE. NORTH, #700  
 CITY-ST-ZIP: ST. PETERSBURG FL 33701  
 [ ] DELETE  
 [ ] DELETE  
 [ ] DELETE  
 [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE: P, S, D [x] Change [ ] Addition  
 1.2 NAME: TIMOTHY P. DRISCOLL  
 1.3 STREET ADDRESS: 501 - 1ST AVE. N. #700  
 1.4 CITY-ST-ZIP: ST. PETERSBURG, FL 33701  
 2.1 TITLE: [ ] Change [ ] Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS:  
 2.4 CITY-ST-ZIP:  
 3.1 TITLE: [ ] Change [ ] Addition  
 3.2 NAME:  
 3.3 STREET ADDRESS:  
 3.4 CITY-ST-ZIP:  
 4.1 TITLE: [ ] Change [ ] Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY-ST-ZIP:  
 5.1 TITLE: [ ] Change [ ] Addition  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY-ST-ZIP:  
 6.1 TITLE: [ ] Change [ ] Addition  
 6.2 NAME:  
 6.3 STREET ADDRESS:  
 6.4 CITY-ST-ZIP:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 9-24-98 (729) 896-1144

CR2E034 (5/98)