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Feb 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000010406 (3)

1. Corporation Name  
2309 DALE MABRY, INC.



Principal Place of Business: 100 SECOND AVE. S. SUITE 704 ST. PETERSBURG FL 33701  
Mailing Address: 100 SECOND AVE. S. SUITE 704 ST. PETERSBURG FL 33701-4337

3. Date Incorporated or Qualified: 02/01/1995  
3a. Date of Last Report: 06/07/1996

2. Principal Place of Business (21) and Mailing Address (26)

4. FEI Number: 59-3292035  
Applied For: Not Applicable

Suite, Apt #, etc. (22) and City & State (23)

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

Zip (24) and Country (25)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (29) and Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBBS, B G  
100 SECOND AVE. S.  
SUITE 704  
ST. PETERSBURG FL 33701

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for TYLER, DEAN at 3100 COFFEE POT RIVERA NE, ST. PETERSBURG FL.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, etc. Includes checkboxes for Change and Addition.

14. I do 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] REQUIRED 2-11-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)