FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500083321 (6)

WILKES & MCHUGH, P.A.

SIGNATURE:

| Principal Place of Business Mailing Address | | | | | | Compression to the Court of the | | | |
|---|---|--|----------------------------------|---------|------------------|--|--------------------------------|--------------------------------|---------------------|
| ONE NORTH DALE MABRY HIGHWAY SUITE 601 TAMPA FL 33609 | | ONE NORTH DALE MABR SUITE 601 TAMPA FL 33609-2755 | | | | | | | |
| TAMEN FE 330 | 0 3 | THMI H TE GOODE TO | | | | 3. Date Incorporated or Qualified 11/01/1995 | | ate of Last R 18/1996 | eport |
| · · | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | Ap | oplied For |
| 21 | | 26 | | | | 59-3340923 | | | ot Applicable |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | Suite. Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & Stat | e | City & State | | • | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip 24 | Country 25 | Zip | Count | ry | | 8. This corporation has liability for in | | tax under s | . 199.032, |
| [] | 9. Name and Address of Cur | | 1001 | ••••• | | 10. Name and Address of New Re | | Agent | |
| MCH | HUGH, TIMOTHY C | | 8 | H | Name | | | | |
| | NORTH DALE MABRY HIGH | NAY | ا | 2 | Street Add | ress (P.O. Box Number is Not Acceptab | le) | | |
| | TE 601 | | ľ | | - Oncorrad | darker in the contract to the contract | | | |
| TAM | IPA FL 33609 | | 8 | 3 | | | | | |
| | | | 8 | 14 | City | | FL | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 607. | 0502 and 607.1508, Florida Stati | utes, the abo | ve- | named cor | poration submits this statement for the p | urpose o | changing it | is registered |
| office or i agent 1 a | registered agent, or both, in the St am familiar with, and accept the ob | ate of Florida. Such change was digations of, Section 607.0505, f | s authorized i Florida Statut | by i | the corpora | tion's board of directors. I hereby accep | it the app | ontment as | registered |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registere: | | | \gen! | l signature requ | ired when reinstating) | DATE | DIRECTOR | |
| 12. | D | AND DIRECTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFIC | EHS ANL | Change | Addition |
| NAME | WILKES, JAMES L II | | 1.2 NAM | | | | | - Ollarigo | Agoston |
| STREET ADORESS | ONE NORTH DALE MABRY | HWY #601 | 1.3 STRE | | UUBESS | | | | |
| CITY-ST-ZIP | TAMPA FL 33609 | 11177 # 001 | 1.4 CITY | | | | | | |
| TITLE | D | ☐ DELETE | 2.1 T(TL) | | - | | | Change | Addition |
| NAME | MCHUGH, TIMOTHY C | | 2.2 NAM | ŀΕ | | | | | |
| STREET ADDRESS | ONE NORTH DALE MABRY | HWY #601 | 2.3 STRE | EET A | DDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL 33609 | | 2. 4 City | Y - \$T | - Z IP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | E | | | | ☐ Change | Addition |
| NAME | | | 3.2 NAM | E | | | | | |
| STREET ADDRESS | | | 3.3 STRE | EET A | (Doress | | | | |
| CITY - ST - ZIP | | PELETE | 3.4 CITY | _ | - ZIP | | | T Chanca | 1 Addition |
| TITLE | | L DELETE | 4.1 TITE | | | | | Change | ☐ Addition |
| NAME ATREET LEBERGE | | | 4. 2 NAN | | PODUCE | | | | |
| STREET ADDRESS | | | 4.3 STRE | | - 1 | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5 1 TITL | | ZIF | | | Change | Addition |
| NAME | • | | 52 NAM | Œ | İ | | | | _ |
| STREET ADDRESS | | | | | DDAESS | | | | |
| CITY - ST - ZIP | | | 5.4 CITY | -ST | - ZIP | | | | |
| TITLE | | DELETE | 61 TITLI | | | | | Change | Addition |
| NAME | | | 62 NAM | IE. | | | | | |
| STREET ADDRESS | | | 6.3 STAE | EET A | address | | | | |
| City-St-ZiP | | | 6.4 CITY | | | | | | |
| 14. I do here | by certify that the information support indicated on this annual report. | plied with this filing does not qua or supplemental appual report # | alify for the e.s true and an | XOU | nption state | d in Section 119.07(3)(i), Florida Statute | s. I furthe J effect a | r certify that s if made un | the ider oath: that |
| l am an d appears | officer or director of the corporation in Block 12 or Block 13 fcharges | n or the receiver or trustee empo d dyon an attachment with an a | owered to exiddress. | ecu | ite this repo | at my signature shall have the same lega ort as required by Chapter 607, Florida S | tatutes; a | ind that my r | name |

SIGNING OFFICER OR DIRECTOR