FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jan 27 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 # **V02913** **(4)**

1. Corporation Name
SWEENEY HARBERT & MUMMERT, INC.

Principal Place of Business	Mailing Address
777 S. HARBOUR ISLAND BLVD. SUITE 130 TAMPA FL 33602	777 S. HARBOUR ISLAND BLVD. SUITE 130 TAMPA FL 33602-5725

3. Date Incorporated or Qualified: 12/30/1991
3a. Date of Last Report: 03/29/1996

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

4. FEI Number: 59-3099005 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWEENEY, JAMES W
777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: DAVID O. HARBERT
82 Street Address (P.O. Box Number is Not Acceptable): 777 S. HARBOUR ISLAND BLVD.
83: SUITE 130
84 City: TAMPA FL 85 Zip Code: 33602

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: David O. Harbert — DAVID O. HARBERT — 1/16/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MUMMERT, DENNIS D		1.2 NAME	HARBert, DAVID O.	
STREET ADDRESS	P.O. BOX 3340, N/A		1.3 STREET ADDRESS	4908 LyFord CAY	
CITY-ST-ZIP	CLEARWATER FL 34630		1.4 CITY-ST-ZIP	TAMPA FL. 33629	
TITLE	VPT	☐ DELETE	2.1 TITLE	VPT	☒ Change ☐ Addition
NAME	HARBERT, DAVID O		2.2 NAME	Sweeney, James W	
STREET ADDRESS	2413 BAYSHORE BLVD		2.3 STREET ADDRESS	4916 New Providence Ave	
CITY-ST-ZIP	TAMPA FL 33629		2.4 CITY-ST-ZIP	TPA, FL 33629	
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, JAMES W		3.2 NAME		
STREET ADDRESS	4916 NEW PROVIDENCE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: David O. Harbert — 1/16/97 — 813-229-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DAVID O. Harbert — Daytime Phone #