FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V65752 (0)

1. Corporation Name
BEARD & KINGERY, P.A.

Principal Place of Business	Mailing Address
4030 W. KENNEDY BLVD. SUITE 351 TAMPA FL 33609 US	4830 W. KENNEDY BLVD. SUITE 351 TAMPA FL 33609 US

3. Date Incorporated or Qualified: 09/22/1992
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-3144594 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 4830 W Kennedy Blvd
22 Suite, Apt. #, etc. Suite 351
23 City & State Tampa FL
24 Zip 33609 25 Country US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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
KINGERY, MARK G
15601 WALDEN ROAD
TAMPA FL 33618

10. Name and Address of New Registered Agent
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 Mark G Kingery Mark G. Kingery 1/17/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KINGERY, MARK G	
STREET ADDRESS	15601 WALDEN ROAD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	BEARD, ROBERT K	
STREET ADDRESS	80 SE STIMIE AVE., N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP D	☑ Change ☐ Addition
2.2 NAME	BOARD, ROBERT K.	
2.3 STREET ADDRESS	501 JOHNS PASS ROAD	
2.4 CITY-ST-ZIP	MADEIRA BEACH, FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mark G Kingery Mark G Kingery 1/17/96 (813) 282-8569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)