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Jan 28 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 # V65752

(0) NC 12/12/97

1. Corporation Name

BEARD, NERTNEY ~~& KINGERY, P.A.~~
KINGERY, CROUSE & HOHL, P.A.

Principal Place of Business	Mailing Address
~~4800 W. KENNEDY BLVD.~~ ~~STE 400~~ ~~TAMPA FL 33609~~ ~~US~~	~~4830 W. KENNEDY BLVD.~~ ~~STE 400~~ ~~TAMPA FL 33609~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4350 W Cypress St	2a. Mailing Address 25 4350 W Cypress St
Suite, Apt. #, etc. 22 Suite 275	Suite, Apt. #, etc. 27 Suite 275
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip / Country 24 33607 / 25 US	Zip / Country 29 33607 / 30 US

3. Date Incorporated or Qualified: 09/22/1992

4. FEI Number: 59-3144594 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KINGERY, MARK G 15601 WALDEN ROAD TAMPA FL 33618	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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	KINGERY, MARK G		12 NAME		
STREET ADDRESS	15601 WALDEN ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	NERTNEY, JOHN T.		22 NAME		
STREET ADDRESS	6719 WHITEWAY DR		23 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	STD	☐ Change ☑ Addition
NAME			32 NAME	Charles Crouse	
STREET ADDRESS			33 STREET ADDRESS	4350 W Cypress St, Ste 275	
CITY-ST-ZIP			34 CITY-ST-ZIP	Tampa FL 33607	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	100002415461	☐ Change ☐ Addition
NAME			62 NAME	-01/29/98--01005--017	
STREET ADDRESS			63 STREET ADDRESS	***150.00	
CITY-ST-ZIP			64 CITY-ST-ZIP		

LS 1/28/98

CR2E034 (10/97)

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.

Mark G. Kingery President 813-224-1700