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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthans

Secretary of State

DIVISION OF CORPORATIONS 1996

DOCUMENT # 1. Corporation Name

506918

(2)

PRICE & DONOGHUE MANAGEMENT, P.A.

FRICE	A DONOGINE MANAGEME	1111 1 1 170						
Principal Place o	f Business	Mailing Adoress				. 1810 2181) 613 11 () 	11641 A1Att (AA)
	N., SUITE 140 FL 34621-9196	29605 U.S. 19 N. SUITE 140 CLEARWATER FL 34621-9196						
					3. Date Incorporated or Qualified 07/12/1976	3a. Date o 04/	28/199	5
. Principal Plac	e of Business	2a. Mailing Address	n T		4. FEI Number Applied F. 59-1687531 Not Applie			pplied For lot Applicable
Suite, Apl. #, etc.		Suite, Apt. #, etc		\$8.75 Additio				
Suite, April #,	etc.	27			5. Certificate of Status Desired		Fee R	equired
City & State		City & State			6. Election Campaign Financing			May Be
L		28	Countr		Trust Fund Contribution 8. This corporation has liability for i			to Fees
Zip I	Gountry 25	Zip [29]	30	<i>(</i>		□ No	unico o	155.001.
	9. Name and Address of Current			10. Name and Address of New Registered Agent				
			81	Name				
PRICE, WILLIAM E				Street Add	idress (F.O. Box Number is Not Acceptable)			
29605 U.S. 19 N., SUITE 140 CLEARWATER FL 34621			83	<u> </u>				
			0.3	' 				
			84	City		FL	85 Zip	Code
		COVILOR Florido Philade	the obvier	L	ration submits this statement for the pur ird of directors. I hereby accept the app	nose of chan	aina its re	agistered off
TLE AME	PD PRICE, WILLIAM E	[] DEFEIR	1 11 ILE	ļ		ليا	Change	Add-tio
TREFT ADDRESS	29605 US HWY 19 N #140			LADDRESS				
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ILE AME	vtd Donoghue, kevin J.		2.2 NAM					
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AME	APPELT, JAMES D		4.2 NAM					
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TREET ADDRESS				-ST-ZIP				
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IAME			6.2 NAM	E				
STREET ADORESS			63 STR	ET ADDRESS				
CITY - ST - 2IP			6 4 CITY	- ST - ZIP	for the exemption stated in Section 116	07/3\/W FIA	ida Statu	tes I further
					r for the exemption stated in Section 119 trate and that my signature shall have the			
oath that	Lam an officer or director of the corpo Block 12 or Block 13 if changed on	mation or the receiver or truste	ee empowere	d to execute t	his report as required by Chapter 607, F	iorida Statute	is; and the	at my name
appears FI	Doct if or block to blockingsor or t	1//			Ulak	מ. ע	20 -	m.d =
SIGNAT	'URE:	1-612			4/17/36	8 13 ₂	78) ·	4447
	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFIC	EN UN DIRECTO	'n	Die	Lo	1 t t t 	