

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

FILED

Apr 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000051545 (7)**

1. Corporation Name  
**AGLIANO, HODGES & WHITEMORE, P.A.**



Principal Place of Business <b>4215 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624</b>	Mailing Address <b>4215 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624-6809</b>
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2. Principal Place of Business 21 <b>400 N. Tampa Street</b> Suite, Apt. #, etc. 22 <b>Suite 2630</b> City & State 23 <b>Tampa, Florida</b> Zip 24 <b>33601</b>		2a. Mailing Address 26 <b>Post Office Box 190</b> Suite, Apt. #, etc. 27 City & State 28 <b>Tampa, Florida</b> Zip 29 <b>33601</b>		3. Date Incorporated or Qualified <b>06/11/1996</b>		3a. Date of Last Report <b>N/A</b>		4. FEI Number <b>59-3402368</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>					

9. Name and Address of Current Registered Agent <b>AGLIANO, JOHN J 4215 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624</b>				10. Name and Address of New Registered Agent 81 Name <b>Geoffrey Todd Hodges</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>400 N. Tampa Street</b> 83 <b>Suite 2630</b> 84 City <b>Tampa</b> <b>FL</b> 85 Zip Code <b>33602</b>			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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  **Geoffrey Todd Hodges - Treasurer** **April 3, 1997**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>AGLIANO, JOHN J 4215 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P/D John J. Agliano 400 N. Tampa Street, Suite 2630 Tampa, Florida 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T/D Geoffrey Todd Hodges 400 N. Tampa Street, Suite 2630 Tampa, Florida 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/D Donald H. Whitemore 400 N. Tampa Street, Suite 2630 Tampa, Florida 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplement 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 registered agent 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:  **Geoffrey Todd Hodges - Treasurer** **4/3/97** **813-225-1515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)