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Apr 16 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 # 493392 (5)

1. Corporation Name

JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P
.A.

Principal Place of Business

Mailing Address

911 CHESTNUT ST.
P.O. BOX 1368
CLEARWATER FL 34617

911 CHESTNUT ST.
P.O. BOX 1368
CLEARWATER FL 34617-1368

3. Date Incorporated or Qualified
01/01/1976

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number
59-1640245

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

10. Name and Address of New Registered Agent

JOHNSON, TIMOTHY JR.
1 LEEWARD ISLAND
CLEARWATER FL 33516

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME OTTINGER, DAVID J
STREET ADDRESS 8600 GULF BLVD
CITY-ST-ZIP ST PETE FL

☒ DELETE

TITLE V
NAME JOHNSON, TIMOTHY A JR.
STREET ADDRESS 1 LEEWARD ISLAND
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE V
NAME LARSON, ROGER
STREET ADDRESS 8500 144TH LN NO
CITY-ST-ZIP SEMINOLE FL

☒ DELETE

TITLE P
NAME ILGENFRITZ, SCOTT C
STREET ADDRESS 2505 PROSPECT RD
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE Vice President
1.2 NAME Guy M. Burns
1.3 STREET ADDRESS 911 Chestnut Street, Clearwater
1.4 CITY-ST-ZIP FL 34616

☐ Change ☒ Addition

2.1 TITLE President
2.2 NAME Timothy A. Johnson, Jr.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE Vice President
3.2 NAME John T. Blakely
3.3 STREET ADDRESS 911 Chestnut Street, Clearwater
3.4 CITY-ST-ZIP FL 34616

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)