

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600794

**Entity Name:** CARLTON FIELDS JORDEN BURT, P.A.**Current Principal Place of Business:**CORPORATE CENTER THREE AT INTL. PLAZA  
4221 W. BOY SCOUT BLVD., STE. 1000  
TAMPA, FL 33607**Current Mailing Address:**PO BOX 3239  
TAMPA, FL 33601 US**FEI Number:** 59-1233896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	SASSO, GARY L.
Address	4221 W. BOY SCOUT BLVD., STE. 1000
City-State-Zip:	TAMPA FL 33607

Title	T
Name	LEONARD, HYWEL
Address	4221 W. BOY SCOUT BLVD., STE. 1000
City-State-Zip:	TAMPA FL 33607

Title	SD
Name	FLEMING, LINDA L.
Address	4221 W. BOY SCOUT BLVD., STE. 1000
City-State-Zip:	TAMPA FL 33607

Title	CD
Name	LINNAN, NANCY G.
Address	215 S. MONROE ST., STE. 500
City-State-Zip:	TALLAHASSEE FL 32301

Title	AS
Name	KEANE, CRISTIN C.
Address	4221 W. BOY SCOUT BLVD., STE. 1000
City-State-Zip:	TAMPA FL 33607

Title	AT
Name	PUNZAK, DAVID R.
Address	4221 W. BOY SCOUT BLVD., STE. 1000
City-State-Zip:	TAMPA FL 33607

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HYWEL LEONARD**TREASURER****03/18/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date