

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATION



DOCUMENT # **324653** (5)
1. Corporation Name
H.H. BLOCK & ASSOCIATES, INC.

Principal Place of Business: 5700 SW 34TH ST #1300 GAINESVILLE FL 32608
Mailing Address: 5700 SW 34TH ST #1300 GAINESVILLE FL 32608

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

FILED
95 APR 13 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300001456253
-04/14/95--01011--011
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1967
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-1235502
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
Trust Fund Contribution: Added to Fees
6. This corporation has liability for intangible tax under S. 100.022, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BAX, JAMES A.
5500 RIO VISTA DR
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent
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 the # applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, ANTHONY W.	1.2 NAME	
STREET ADDRESS	5500 RIO VISTA DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAX, JAMES A. SR	2.2 NAME	
STREET ADDRESS	5500 RIO VISTA DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, VIRGINIA	3.2 NAME	remove
STREET ADDRESS	9433 ANGEL FISH COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOENSON, HENRY	4.2 NAME	
STREET ADDRESS	5700 S.W. 34TH ST., #1303	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAX, LAURA J.	5.2 NAME	S Thomas Gallagher III
STREET ADDRESS	6565 GULFSIDE ROAD	5.3 STREET ADDRESS	5500 Rio Vista Dr
CITY - ST - ZIP	LONGBOAT KEY FL	5.4 CITY - ST - ZIP	Clearwater FL 34620
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 13, or on an amendment with an address.

SIGNATURE: *[Signature]* 4-4-95 (513) 535-3775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

MAR 11 1995

DOCUMENT # 328592 (1)

1. Corporation Name

PARKWAY MAINTENANCE & MANAGEMENT, CO.

Principal Place of Business

5758 - 54 AVENUE NORTH
ST PETERSBURG FL 33709

Mailing Address

5758 - 54 AVENUE NORTH
ST PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/09/1968	3a. Date of Last Report 04/14/1994
4. FEI Number 59-1211990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**COLEN, SIDNEY
5758 54TH AVE N
ST PETERSBURG FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLEN, SIDNEY A
STREET ADDRESS	5758 54 AVENUE NORTH
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D
NAME	FUNK, R J
STREET ADDRESS	5217 61ST WAY, NORTH
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	S
NAME	POLLECK, A.
STREET ADDRESS	5891 33RD AVE N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D
NAME	COLEN, MA A
STREET ADDRESS	5758 54 AVENUE NORTH
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	P
NAME	COLEN, KENNETH D
STREET ADDRESS	5758 54TH AVE N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	000001454260
2.3 STREET ADDRESS	-04/12/95--01042--014
2.4 CITY - ST - ZIP	***330.00 ****200.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 110.07(3)(k), 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 registered agent and I am bound to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: _____ **MAR 11 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____
K.P. COLLEN **544 2502**
AW 3-31-95