

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 365844 (0)

1. Corporation Name
DOPSON-HICKS OF TAMPA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**3108 AZEELE STREET 3108 AZEELE STREET
TAMPA FL 33609 TAMPA FL 33609**

3. Date Incorporated or Qualified **06/18/1970** 3a. Date of Last Report **02/22/1994**

4. FEI Number **59-1296220** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKS-JRL-C
3108 AZEELE ST
TAMPA FL 33609**

81 Name **AL R. LOPEZ, JR.**
82 Street Address (P.O. Box Number is Not Acceptable) **4600 West Cypress St., Suite 500**
83
84 City **Tampa,** FL 85 Zip Code **33607**

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 *Al R. Lopez, Jr.*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE **4/3/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C
NAME	HICKS JRL C
STREET ADDRESS	3108 AZEELE STREET
CITY - ST - ZIP	TAMPA FL
TITLE	P
NAME	FRITCHETT, JESS
STREET ADDRESS	3108 AZEELE STREET
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	P/S/T/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Hicks, L. C. Jr.	
13 STREET ADDRESS	3108 Azeele St.	
14 CITY - ST - ZIP	Tampa, FL	
21 TITLE	--Omit--	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(1) Florida Statutes. I further certify that the information included on this statement or supplemental annual report is true and accurate and that my signature shall have the same effect as if made under oath; that I am an officer or director of the corporation or the receiving trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, above, or on an attachment with an address.

Florida Statutes. I further certify that the information included on this statement or supplemental annual report is true and accurate and that my signature shall have the same effect as if made under oath; and that my name appears in Block 12 or Block 13, above, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95 **813** **872-4491**
DATE (Type in Year #)