

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4: 22

DOCUMENT # 383320 (9)
1. Corporation Name
TOMASINO & ASSOCIATES, INC. - CONSULTING ENGINEERS

Principal Place of Business Mailing Address
10921 N 56TH STREET, SUITE 200 10921 N 56TH STREET, SUITE 200
POST OFFICE BOX 16488 POST OFFICE BOX 16488
TEMPLE TERRACE FL 33687 TEMPLE TERRACE FL 33687

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/04/1971	02/08/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1350215	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOMASINO, PAUL 10921 N 56TH ST, STE 200 TEMPLE TERRACE FL 33617				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 title if applicable. (NOTE: Registered Agent signature required when reappointing))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASINO, PAUL	1.2 NAME	
STREET ADDRESS	10921 N 56TH ST, STE 200	1.3 STREET ADDRESS	
CITY- ST- ZIP	TEMPLE TERRACE FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARHAM, ROY L.	2.2 NAME	
STREET ADDRESS	2112 WEST HIAWATHA	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	2.4 CITY- ST- ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASINO, SHERRILL M	3.2 NAME	
STREET ADDRESS	10921 N 56TH ST, STE 200	3.3 STREET ADDRESS	
CITY- ST- ZIP	TEMPLE TERRACE FL	3.4 CITY- ST- ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, JAMES O	4.2 NAME	
STREET ADDRESS	8350 SAVANNAH TR #1705	4.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	4.4 CITY- ST- ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASBAUGH, LAWRENCE, W	5.2 NAME	
STREET ADDRESS	2703 E 99TH AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	5.4 CITY- ST- ZIP	
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)(A), 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: *Sherrill M. Tomasino* Sherrill M. Tomasino 2/3/95 813/988-9102
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR