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**Feb 06 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 # 383320 (9)
1. Corporation Name:
**TOMASINO & ASSOCIATES, INC. - CONSULTING ENGINEER
RS**



Principal Place of Business: **10921 N 56TH STREET, SUITE 200
POST OFFICE BOX 16488
TEMPLE TERRACE FL 33687**
Mailing Address: **10921 N 56TH STREET, SUITE 200
POST OFFICE BOX 16488
TEMPLE TERRACE FL 33687-6488**

3. Date Incorporated or Qualified: **08/04/1971** 3a. Date of Last Report: **01/29/1996**
4. FEI Number: **59-1350215** 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:
**TOMASINO, PAUL
10921 N 56TH ST, STE 200
TEMPLE TERRACE FL 33617**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | TOMASINO, PAUL | |
| STREET ADDRESS | 10921 N 56TH ST, STE 200 | |
| CITY-ST-ZIP | TEMPLE TERRACE FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | PARHAM, ROY L. | |
| STREET ADDRESS | 2112 WEST HIAWATHA | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | TOMASINO, SHERRILL M | |
| STREET ADDRESS | 10921 N 56TH ST, STE 200 | |
| CITY-ST-ZIP | TEMPLE TERRACE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | RUSSELL, JAMES O | |
| STREET ADDRESS | 8350 SAVANNAH TR #1705 9867 Bridgeton Dr | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | STRASBAUGH, LAWRENCE, W | |
| STREET ADDRESS | 2703 E 99TH AVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | Mercer, Loren E. | |
| STREET ADDRESS | 3707 Elm St. | |
| CITY-ST-ZIP | Ellenton, FL | |

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 | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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: *Sherrill M. Tomasino* SHERRILL M. TOMASINO 813-988-9102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)