

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

10821 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1350215

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒Yes ☐ No

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

Signature: typed or printed name of registered agent and title if applicable

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherrill M. Tomasino

813-988-9102

Date

Daytime Phone #

CR2E034 (9/96)