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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 476807 (3)

1. Corporation Name

SHIMBERG, KENNEDY AND FROST, INC.

Principal Place of Business

101 E. KENNEDY, STE. 2975
TAMPA FL 33602

Mailing Address

101 E. KENNEDY, STE. 2975
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/01/1975

3a. Date of Last Report
03/11/1994

4. FEI Number
59-1605033

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

21 101 E. Kennedy Blvd.
Suite, Apt. #, etc.
22 Suite 3925

2a. Mailing Address

26 101 E. Kennedy Blvd.
Suite, Apt. #, etc.
27 Suite 3925

23 City & State
Tampa FL

28 City & State
Tampa FL

24 Zip 33602 Country

29 Zip 33602 Country 30

9. Name and Address of Current Registered Agent

KENNEDY, DAVID A.
101 E. KENNEDY, STE. 2975
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Blvd.
83 Suite 3925
84 City Tampa 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KENNEDY, DAVID A.
STREET ADDRESS	101 E. KENNEDY #2975
CITY-ST-ZIP	TAMPA FL
TITLE	VD
NAME	FROST, MICHAEL H.
STREET ADDRESS	101 E. KENNEDY #2975
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	SHIMBERG, MANDELL
STREET ADDRESS	100 S ASHLEY #820
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	101 E. Kennedy Blvd. #3925
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	101 E. Kennedy Blvd. #3925
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 is voluntarily furnished 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 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 both, if changed, or on an attachment with an address.

SIGNATURE: *David A. Kennedy*

3/17/95

813 231-7525

DAVID A. KENNEDY