FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 489622 (1)

1. Corporation Name

DRYMON, SCHEB, TOALE & MARSHALL, P.A.

Principal Place of Business: 1605 MAIN ST. STE 705, POSTAL DRAWER 4275, SARASOTA FL 34230-1275

Mailing Address: 1605 MAIN ST. STE 705, POSTAL DRAWER 4275, SARASOTA FL 34230-1275

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 11/17/1975

3a. Date of Last Report: 03/13/1995

4. FEI Number: 59-1631156 ☐ 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

9. **Name and Address of Current Registered Agent**

DRYMON, JAMES J.
1605 MAIN STREET, STE 705
SARASOTA 34236

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☒ Addition
NAME	DRYMON, JAMES J	1.2 NAME	
STREET ADDRESS	7603 FAIRWAY WOODS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~SARASOTA, FL 00000 34238~~	1.4 CITY-ST-ZIP	Sarasota, Fl, 34238
TITLE	VDT ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	SCHEB, ROBERT P.	2.2 NAME	
STREET ADDRESS	1901 WISTERIA	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, Fl 34239
TITLE	VDS ☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	TOALE, JAMES E.	3.2 NAME	
STREET ADDRESS	1734 BAYWOOD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, Fl 34231
TITLE	~~D~~ ☐ DELETE	4.1 TITLE	~~Director~~ VD ☒ Change ☒ Addition
NAME	~~Marshall, Thomas K~~	4.2 NAME	Thomas K. Marshall
STREET ADDRESS		4.3 STREET ADDRESS	1838 Irving St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota, Fl 34236
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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)(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] James J. Drymon 1/22/96 (941) 366-3290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)