

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

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 493392 (5)**  
 1. Corporation Name  
**JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P.A.**



Principal Place of Business <b>911 CHESTNUT ST.                  P.O. BOX 1368                  CLEARWATER FL 34617</b>	Mailing Address <b>911 CHESTNUT ST.                  P.O. BOX 1368                  CLEARWATER FL 34617-1368</b>
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3. Date Incorporated or Qualified <b>01/01/1976</b>	3a. Date of Last Report <b>04/15/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <b>59-1640245</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23. City & State	28. City & State	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent <b>JOHNSON, TIMOTHY JR.                  1 LEEWARD ISLAND                  CLEARWATER FL 33516</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	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 re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>OTTINGER, DAVID J</b>		1.2 NAME <b>Guy M. Burns</b>	
STREET ADDRESS <b>8600 GULF BLVD</b>		1.3 STREET ADDRESS <b>911 Chestnut Street, Clearwater</b>	
CITY-ST-ZIP <b>ST PETE FL</b>		1.4 CITY-ST-ZIP <b>FL 34616</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, TIMOTHY A JR.</b>		2.2 NAME <b>Timothy A. Johnson, Jr.</b>	
STREET ADDRESS <b>1 LEEWARD ISLAND</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LARSON, ROGER</b>		3.2 NAME <b>John T. Blakely</b>	
STREET ADDRESS <b>8500 144TH LN NO</b>		3.3 STREET ADDRESS <b>911 Chestnut Street, Clearwater</b>	
CITY-ST-ZIP <b>SEMINOLE FL</b>		3.4 CITY-ST-ZIP <b>FL 34616</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ILGENFRITZ, SCOTT C</b>		4.2 NAME	
STREET ADDRESS <b>2505 PROSPECT RD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)