

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 1 AM 1:56

DOCUMENT # **521414** (3)

1. Corporation Name

TROUP & ASSOCIATES, C.P.A.'S, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3701 CENTRAL AVE
ST PETERSBURG FL 33713**

Mailing Address

**3701 CENTRAL AVE
ST PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1977** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number
59-1701412

Applied For
Not Applicable

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State

23

28. City & State

28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. St.

24

25. County

25

29. Zip

29

30. Country

30

8. This corporation has liability for franchise fees under Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROUP, DAVID L.
3701 CENTRAL AVE., N.
ST. PETERSBURG FL 33713**

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. 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

Name of Agent or Registered Office or Registered Agent and the Corporation

Name of New Registered Agent (Applicable after Registration)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PTS
TROUP, DAVID L.
5038 35TH AVE N.
ST. PETERSBURG FL**

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE Change Addition
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE Change Addition
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE Change Addition
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE Change Addition
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shows not equally for the corporation stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information made a part of 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 of Block 13 of this report, or in an attachment with an address.

SIGNATURE:

David L. Troup
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-28-95
Date

813-321-3246
Telephone No.