

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 # 521414 (3)

1. Corporation Name
TROUP & ASSOCIATES, C.P.A.'S, P.A.



Principal Place of Business 3701 CENTRAL AVE ST PETERSBURG FL 33713	Mailing Address 3701 CENTRAL AVE ST PETERSBURG FL 33713
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3. Date Incorporated or Qualified 01/01/1977	3a. Date of Last Report 05/01/1995
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21 2. Principal Place of Business 4739 Central Avenue	2a. Mailing Address 4739 Central Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State St. Petersburg, FL	28 City & State St. Petersburg, FL
24 Zip 33713	29 Zip 33713
25 Country	30 Country

4. FEI Number 59-1701412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TROUP, DAVID L.
3701 CENTRAL AVE., N.
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name Troup, David L.
82 Street Address (P.O. Box Number is Not Acceptable) 4739 Central Avenue
83
84 City St. Petersburg
85 Zip Code FL 33713

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: *David L. Troup* **David L. Troup** DATE: **4/26/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	TROUP, DAVID L.	
STREET ADDRESS	5038 35TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 if at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L. Troup* **David L. Troup** DATE: **4/26/96** (813) 321-3246
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)