

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **579751** (9)

1. Corporation Name  
**LAW OFFICES OF H. WILLIAM SCOVILL, P.A.**

55 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **1605 MAIN STREET SUITE 912, SARASOTA BK & TRUST BLDG. SARASOTA FL 34236**  
Mailing Address: **1605 MAIN STREET SUITE 912, SARASOTA BK & TRUST BLDG. SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1978**  
3a. Date of Last Report: **07/19/1994**

4. FEI Number: **59-1834045**  
Applied For:  Applied For  Not Applicable

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

6. Election Campaign Financing:  **\$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 |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Zip                 |
| 24                             | Country             | 29                  | Country             |

9. Name and Address of Current Registered Agent  
**SCOVILL, EVELYN F  
1605 MAIN ST  
SARASOTA FL 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: \_\_\_\_\_  
Signature (typed or printed name of registered agent and the date) (201E Registered agent signature required after recording)

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <b>PST</b>                      |
| NAME                       | <b>SCOVILL, H. WILLIAM</b>      |
| STREET ADDRESS             | <b>STE 912, SARASOTA BK BLG</b> |
| CITY - ST - ZIP            | <b>SARASOTA FL</b>              |
| TITLE                      |                                 |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |
| TITLE                      |                                 |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |
| TITLE                      |                                 |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |
| TITLE                      |                                 |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME   |   |
| 3. STREET ADDRESS                                     |   |
| 4. CITY - ST - ZIP                                    |   |
| 5. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME   |   |
| 7. STREET ADDRESS                                     |   |
| 8. CITY - ST - ZIP                                    |   |
| 9. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME  |   |
| 11. STREET ADDRESS                                    |   |
| 12. CITY - ST - ZIP                                   |   |
| 13. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME  |   |
| 15. STREET ADDRESS                                    |   |
| 16. 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 liquidator 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: *Harold W. Sur* DATE: **4-21-95** ORIGINAL FILE # **813-365-2252**  
SIGNATURE AND TYPED OR PRINTED NAME OF LISTING OFFICER OR DIRECTOR