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Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 579751 (9)

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



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 34236-5840

3. Date Incorporated or Qualified: 07/19/1978  
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

4. FEI Number: 59-1834045  
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: [X] Yes [ ] No

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  
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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: \_\_\_\_\_  
NAME: PST SCOVILL, H. WILLIAM  
STREET ADDRESS: STE 912, SARASOTA BK BLG SARASOTA FL  
CITY-ST-ZIP: \_\_\_\_\_  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: \_\_\_\_\_ [ ] Change [ ] Addition  
1.2 NAME: \_\_\_\_\_  
1.3 STREET ADDRESS: \_\_\_\_\_  
1.4 CITY-ST-ZIP: \_\_\_\_\_  
2.1 TITLE: \_\_\_\_\_ [ ] Change [ ] Addition  
2.2 NAME: \_\_\_\_\_  
2.3 STREET ADDRESS: \_\_\_\_\_  
2.4 CITY-ST-ZIP: \_\_\_\_\_  
3.1 TITLE: \_\_\_\_\_ [ ] Change [ ] Addition  
3.2 NAME: \_\_\_\_\_  
3.3 STREET ADDRESS: \_\_\_\_\_  
3.4 CITY-ST-ZIP: \_\_\_\_\_  
4.1 TITLE: \_\_\_\_\_ [ ] Change [ ] Addition  
4.2 NAME: \_\_\_\_\_  
4.3 STREET ADDRESS: \_\_\_\_\_  
4.4 CITY-ST-ZIP: \_\_\_\_\_  
5.1 TITLE: \_\_\_\_\_ [ ] Change [ ] Addition  
5.2 NAME: \_\_\_\_\_  
5.3 STREET ADDRESS: \_\_\_\_\_  
5.4 CITY-ST-ZIP: \_\_\_\_\_  
6.1 TITLE: \_\_\_\_\_ [ ] Change [ ] 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 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: *Arnold W. Scovill* ARNOLD W. SCOVILL Jan 30 '97 941/365-2253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)