

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

APPROVED
AND
FILED

96 FEB 28 PH 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 601830 (3)
1. Corporation Name
FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL AND BANK
ER, P.A.

Principal Place of Business Mailing Address
501 EAST KENNEDY BLVD. 501 EAST KENNEDY BLVD.
TAMPA FL 33602 TAMPA FL 33602

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/29/1969		04/11/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1280172		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				6. Election Campaign Financing		\$5.00 May Be Added to Fees	
				Trust Fund Contribution		<input type="checkbox"/>	
				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				10. Name and Address of New Registered Agent			
BOGGS, E. JACKSON 501 E KENNEDY BLVD TAMPA FL 33602				81 Name 82 Street Address (P.O. Box Number is Not Accepted) 83 84 City 85 Zip Code			
				900001726889 02/28/96 01000 001 ***208.75 ***208.75 FL			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKER, ROBERT E.	1.2 NAME	
STREET ADDRESS	10114 HAMPTON PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLEIT, DONALD V	2.2 NAME	
STREET ADDRESS	2301 PELHAM RD. N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, J CLINT	3.2 NAME	
STREET ADDRESS	2817 WEST HAWTHORNE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOBE, DAVID C.	4.2 NAME	
STREET ADDRESS	37 ADELIA	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, E. JACKSON	5.2 NAME	
STREET ADDRESS	819 S GROVE PARK AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	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 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

(813) 228-7411

Daytime Phone #

CR2E034 (12/95)