

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90011 035 ***158.75

DOCUMENT # 601830

1. Entity Name

FOWLER WHITE BOGGS BANKER P.A.



Principal Place of Business

501 EAST KENNEDY BLVD.
TAMPA, FL 33603

Mailing Address

501 EAST KENNEDY BLVD.
TAMPA, FL 33603

54061216



2. Principal Place of Business

Suite, Apt. #, etc.

Suite 1700

3. Mailing Address

Suite, Apt. #, etc.

Suite 1700

07062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1280172

Applied For

Not Applicable

Zip

33602

Country

Zip

33602

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOGGS, E. JACKSON
501 E KENNEDY BLVD
TAMPA, FL 33602

SUITE 1700

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHOBE, DAVID C	
STREET ADDRESS	37 ADELIA AVENUE	
CITY- ST- ZIP	TAMPA, FL 33606	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	ROBINSON, JOHN W IV	
STREET ADDRESS	3005 CHAPIN AVENUE	
CITY- ST- ZIP	TAMPA, FL 33611	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BOGGS, E. JACKSON	
STREET ADDRESS	3105 W. PROSPECT ROAD	
CITY- ST- ZIP	TAMPA, FL 33629	
TITLE	PDM	<input type="checkbox"/> Delete
NAME	LAW, RHEA F	
STREET ADDRESS	5102 POE AVENUE	
CITY- ST- ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMMANUEL, JOHN D	
STREET ADDRESS	14 LADEGA AVENUE	
CITY- ST- ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, GARY W	
STREET ADDRESS	4808 DRYAD STREET	
CITY- ST- ZIP	TAMPA, FL 33629	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhea F. Law
President

Date

7/6/04

Daytime Phone #

(813) 228-7411