

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 601830

FILED
Jun 30, 2009
Secretary of State**Entity Name:** FOWLER WHITE BOGGS P.A.**Current Principal Place of Business:**501 EAST KENNEDY BLVD.
STE 1700
TAMPA, FL 33602**New Principal Place of Business:****Current Mailing Address:**501 EAST KENNEDY BLVD.
STE 1700
TAMPA, FL 33602**New Mailing Address:****FEI Number:** 59-1280172 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COX, W. DONALD
501 E KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DT () Delete
Name: FLYNN, WILLIAM J III
Address: 225 EDGEWATER DRIVE
City-St-Zip: DUNEDIN, FL 34698 US**Title:** D () Delete
Name: COLEMAN, CARL J
Address: 9807 CAPSTAN CT.
City-St-Zip: FORT MYERS, FL 33919 US**Title:** CD () Delete
Name: LAW, RHEA F
Address: 5102 POE AVENUE
City-St-Zip: TAMPA, FL 33629 US**Title:** DP () Delete
Name: EMMANUEL, JOHN D
Address: 14 LADOGA AVE.
City-St-Zip: TAMPA, FL 33606 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DTAS (X) Change () Addition
Name: FLYNN, WILLIAM J III
Address: 225 EDGEWATER DRIVE
City-St-Zip: DUNEDIN, FL 34698 US**Title:** DSAT (X) Change () Addition
Name: COLEMAN, CARL J
Address: 9807 CAPSTAN CT.
City-St-Zip: FORT MYERS, FL 33919 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: DEARING, THOMAS C
Address: 2319 SEDWICK PLACE
City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. EMMANUEL

P

06/30/2009

Electronic Signature of Signing Officer or Director

Date