FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:54

DOCUMENT # **602433** **(5)**

1. Corporation Name
FISHER & SAULS, P.A.

Principal Place of Business	Mailing Address
100 2ND AVE.SO. SUITE 701 ST. PETERSBURG FL 33701	100 2ND AVE.SO. SUITE 701 ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/01/1970**
3a. Date of Last Report: **03/10/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: **59-1302304** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$0.75** 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADCOCK, LOUIE N. JR.
100 SECOND AVENUE SOUTH
SUITE 701
ST. PETERSBURG FL 33701

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ADCOCK, LOUIE N., JR.	1.2 NAME	
STREET ADDRESS	ONE BEACH DRIVE, #2714	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, RICHARD P.	2.2 NAME	
STREET ADDRESS	335 17TH AVE. N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BALLARD, WILLIAM C.	3.2 NAME	
STREET ADDRESS	1255 BRIGHTWATERS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	VDAS	4.1 TITLE	☐ Change ☐ Addition
NAME	THORNTON, KENNETH E	4.2 NAME	
STREET ADDRESS	105 14TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SAT	5.1 TITLE	☐ Change ☐ Addition
NAME	KAPUSTA, ROBERT	5.2 NAME	
STREET ADDRESS	1410 45TH AVE. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MCLAIN, THOMAS H.	6.2 NAME	
STREET ADDRESS	455 34TH AVE. N.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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)(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: _____ 1/18/95 813/822-2033
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

KENNETH E. THORNTON, VICE PRESIDENT, ASST. SECRETARY & DIRECTOR

0306230 CP

12. OFFICERS & DIRECTORS

7.1 Title	D
7.2 Name	Alden, Michael H.
7.3 Address	2648 Heron Lane No.
7.4 C/S/Z	Clearwater, FL 34622