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 18 PM 2:23

DOCUMENT # **603925** **(9)**

1. Corporation Name
MASTERSON, ROGERS, MASTERSON & LOPEZ, P.A.

Principal Place of Business	Mailing Address
699 FIRST AVE N. ST PETERSBURG FL 33701	699 FIRST AVE N. ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/01/1972**
3a. Date of Last Report: **01/28/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-1425440** ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASTERSON, B J 699 FIRST AVE N. ST PETERSBURG FL 33701	81 Name: THOMAS D. MASTERSON 82 Street Address (P.O. Box Number is Not Acceptable): 699 First Avenue North 83 84 City: St. Petersburg **FL** 85 Zip Code: 33701

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: Thomas D. Masterson — Jan. 11, 1995
(Signature, typed or printed name of registered agent and title if applicable) (Required: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MASTERSON,B J	12 NAME	
STREET ADDRESS	699 FIRST AVE N	13 STREET ADDRESS	Deceased
CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	VP,S,D XX Change ☐ Addition
NAME	ROGERS,P J	22 NAME	Rogers, P.J.
STREET ADDRESS	699 FIRST AVE N	23 STREET ADDRESS	699 First Ave N
CITY ST ZIP	ST PETERSBURG FL	24 CITY ST ZIP	St Petersburg FL 33701
TITLE	VP	31 TITLE	P, D XX Change ☐ Addition
NAME	MASTERSON, T D	32 NAME	Masterson, Thomas D
STREET ADDRESS	699 FIRST AVE N	33 STREET ADDRESS	699 First Ave N
CITY ST ZIP	ST PETERSBURG, FL 00000	34 CITY ST ZIP	St. Petersburg FL 33701
TITLE	T	41 TITLE	T,D XX Change ☐ Addition
NAME	LOPEZ, KAREN B	42 NAME	Lopez, Karen B
STREET ADDRESS	699 FIRST AVENUE N	43 STREET ADDRESS	699 First Ave N
CITY ST ZIP	ST. PETERSBURG FL	44 CITY ST ZIP	St Petersburg FL 33701
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: _____ 1/11/95 (813)896-3641
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number
Philip J. Rogers, Secretary

0106366 CP