FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

FILED 95 MAY -1 AM 8:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 607138 (5)

1. Corporation Name

LANGFORD, HILL & TRYBUS, P.A.

Principal Place of Business: 601 BAYSHORE BLVD., SUITE 800, P.O. BOX 3277, TAMPA FL 33601-0277

Mailing Address: 601 BAYSHORE BLVD., SUITE 800, P.O. BOX 3277, TAMPA FL 33601-0277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1979

3a. Date of Last Report: 02/21/1994

4. FEI Number: 59-1876553 — 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

LANGFORD, E, C
601 BAYSHORE BLVD., SUITE 800
TAMPA FL 33606

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	[ ] Change [ ] Addition
NAME	LANGFORD, EC	NAME	
STREET ADDRESS	601 BAYSHORE BLVD., #800	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	TRYBUS, R, H	NAME	
STREET ADDRESS	601 BAYSHORE BLVD., #800	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	S	TITLE	[ ] Change [ ] Addition
NAME	HILL, EDWARD A.	NAME	
STREET ADDRESS	601 BAYSHORE BLVD., #800	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	WHALEN, K, E	NAME	DELETE
STREET ADDRESS	601 BAYSHORE BLVD #800	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I, the undersigned, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. C. LANGFORD

4/28/95 — Date

813-251-5522 — Daytime Phone #

0302478 CP