FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 607138 (5)

1. Corporation Name
LANGFORD & HILL, 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

3. Date Incorporated or Qualified: 02/01/1979
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 Post Office 3277
Suite, Apt. #, etc.
22 TAmPA FL
City & State
23 33601-3277 Hillsborough
Zip 24 Country 25

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

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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): 1715 West Cleveland Street
83
84 City: TAmPA FL 85 Zip Code: 33606

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 ____________ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LANGFORD, EC		1.2 NAME	
STREET ADDRESS	601 BAYSHORE BLVD., #800		1.3 STREET ADDRESS	1715 West Cleveland Street
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRYBUS, R, H		2.2 NAME	
STREET ADDRESS	601 BAYSHORE BLVD., #800		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HILL, EDWARD A.		3.2 NAME	
STREET ADDRESS	601 BAYSHORE BLVD., #800		3.3 STREET ADDRESS	1715 West Cleveland Street
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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] — 5-13-96 (Date) — 813-251-5533 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. C. LANGFORD

CR2E034 (12/95)