

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **618960** (9)

1. Corporation Name  
**KNEPPER & WILLARD, INC.**

Principal Place of Business <b>3030 NO ROCKY PT DR W</b> <b>STE 185</b> <b>TAMPA FL 33607</b> <b>US</b>	Mailing Address <b>3030 NO ROCKY PT DR W</b> <b>STE 185</b> <b>TAMPA FL 33607-5901</b> <b>US</b>
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2. Principal Place of Business 21 <b>550 North Reo Street</b> Suite, Apt. #, etc. 22 <b>Suite 107</b> City & State 23 <b>Tampa, FL</b> Zip 24 <b>33609-1033</b>	2a. Mailing Address 26 <b>550 North Reo Street</b> Suite, Apt. #, etc. 27 <b>Suite 107</b> City & State 28 <b>Tampa, FL</b> Zip 25 <b>Hillsborough</b>
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3. Date Incorporated or Qualified <b>04/27/1979</b>	3a. Date of Last Report <b>04/19/1996</b>
4. FEI Number <b>59-1907168</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WILLARD, DANIEL S.**  
**2944 BAYSHORE CT**  
**TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PST</b>	<input type="checkbox"/> DELETE
NAME <b>WILLARD, DANIEL S.</b>	
STREET ADDRESS <b>2944 BAYSHORE CT</b>	
CITY - ST - ZIP <b>TAMPA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 in an attachment with this address.

SIGNATURE:  4/8/97 813-281-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)