

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 681682 (1)

1. Corporation Name
HANSON AND TOTTLE, P.A. CERTIFIED PUBLIC ACCOUNTANTS



Principal Place of Business
**5245 CENTRAL AVE
PO BOX 14132
ST PETERSBURG FL 33710
US**

Mailing Address
**5245 CENTRAL AVE
PO BOX 14132
ST PETE FL 33710
US**

3. Date Incorporated or Qualified **08/01/1980** 3a. Date of Last Report **03/27/1995**

4. FEI Number **59-2001932** 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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANSON, PETER J
5245 CENTRAL AVENUE
ST PETERSBURG, FLORIDA
33710**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code **FL**

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 re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PD HANSON, PETER J**
STREET ADDRESS **918 59TH AVE**
CITY-STATE-ZIP **ST. PETE. BEACH FL**

TITLE DELETE
NAME **D TOTTLE, DAVID J**
STREET ADDRESS **3521 FAIRWAY FOREST DR.**
CITY-STATE-ZIP **PALM HARBOR FL**

TITLE DELETE
NAME **D STANLEY, JUDITH L.**
STREET ADDRESS **2352 ST CHARLES DR.**
CITY-STATE-ZIP **CLEARWATER FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96
Date