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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **686433** **(4)**

1. Corporation Name
FERGESON, SKIPPER, SHAW, KEYSER, BARON & TIRABAS SI, P.A.

Principal Place of Business	Mailing Address
1515 RINGLING BLVD #1000 SARASOTA FL 34236 US	1515 RINGLING BLVD. #1000 SARASOTA FL 34236-6719 US

3. Date Incorporated or Qualified: **09/01/1980**
3a. Date of Last Report: **04/19/1996**

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

4. FEI Number: **59-2036204** ☐ 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

SHAW, ANDREW
1515 RINGLING BLVD.
SUITE 1000
SARASOTA FL 34236

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	BALD, DOUGLAS R		1.2 NAME	FERGESON, JR., JAMES O.	
STREET ADDRESS	1515 RINGLING BLVD #1000		1.3 STREET ADDRESS	1515 RINGLING BLVD #1000	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	VP	☐ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	MAGLICH, DAVID S		2.2 NAME	SHAW, ANDREW	
STREET ADDRESS	1515 RINGLING BLVD. #1000		2.3 STREET ADDRESS	1515 RINGLING BLVD #1000	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARON, DAVID J.		3.2 NAME		
STREET ADDRESS	1515 RINGLING BLVD. #1000		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	VDT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SKIPPER, J R		4.2 NAME		
STREET ADDRESS	1515 RINGLING BLVD. #1000		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEYSER, STEPHEN B.		5.2 NAME		
STREET ADDRESS	1515 RINGLING BLVD, #1000		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TIRABASSI, E. RALPH		6.2 NAME		
STREET ADDRESS	1515 RINGLING BLVD. #1000		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with ANDREW SHAW

SIGNATURE: _____ PRESIDENT/D 4-16-97 941 957 1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #