

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 # 694011 (8)

1. Corporation Name
THOMAS H. SINGLETARY, P.A.



Principal Place of Business: 315 E MADISON ST SUITE 500 TAMPA FL 33602-1853
Mailing Address: 315 E MADISON ST SUITE 500 TAMPA FL 33602-1853

3. Date Incorporated or Qualified: 07/10/1981
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business: 21 2506 W. Cleveland ST. 22
2a. Mailing Address: 26 2506 W. Cleveland ST. 27

4. FEI Number: 59-2103370
Applied For: Not Applicable

23 City & State: TAMPA, FLA.
28 City & State: TAMPA FLA

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24 Zip: 33609 25 Country: U.S.A. 29 Zip: 33609 30 Country: USA.

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

10. Name and Address of New Registered Agent

SINGLETARY, THOMAS H
315 E MADISON ST SUITE 500
TAMPA FL 33602

81 Name: SAME NAME - CHANGED ADDRESS ONLY
82 Street Address (P.O. Box Number is Not Acceptable): 2506 W. Cleveland St
83 City: TAMPA FLA.
84 City: TAMPA FLA. ? 85 Zip Code: FL 33609

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE: *Thomas H. Singletary* 4-18-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SINGLETARY, THOMAS H	
STREET ADDRESS	315 E. MADISON ST. #500	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SINGLETARY, THOMAS H	
STREET ADDRESS	315 E. MADISON ST. #500	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2506 W. Cleveland St
1.4 CITY - ST - ZIP	TAMPA FLA. 33609
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2506 W. Cleveland St.
2.4 CITY - ST - ZIP	TAMPA FLA. 33609
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 included 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 as an attachment with an address.

SIGNATURE: *Thomas H. Singletary* 4-18-96 (8B-879-6202)
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date: 4-18-96 Day: 18 Month: 04 Year: 96

CR2E034 (12/95)