FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709416 (2)

1. Corporation Name
BUSINESS AND PROFESSIONAL ASSOCIATION OF BELLEAI R BLUFFS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2095 LARGO FL 34649	POST OFFICE BOX 2095 LARGO FL 34649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1965
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2783816 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2840 W. Bay Dr.	26 2840 W. Bay Dr
22 Suite, Apt. #, etc. #359	27 Suite, Apt. #, etc. #359
23 City & State Belleair Bluffs FL	28 City & State Belleair Bluffs FL
24 Zip 34640 25 Country US	29 Zip 34640 30 Country US

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
FORD, EDWIN I. 2310 WEST BAY DRIVE LARGO FL 34640	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 [signature] 2-24-95
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	D	1.1 TITLE		☒ Change ☐ Addition
NAME	ARBUTINE, CHRIS	1.2 NAME		
STREET ADDRESS	730 N. INDIAN ROCKS ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	HAWES, FRED	2.2 NAME	Mary McManus	
STREET ADDRESS	231 N. INDIAN ROCKS RD.	2.3 STREET ADDRESS	79 Overbrook Blvd	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	2.4 CITY-ST-ZIP	Largo, FL 34640	
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	RISKOWITZ, SANDY	3.2 NAME		
STREET ADDRESS	125 SOUTH INDIAN ROCKS RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	TALACH, MARGARET	4.2 NAME	Terry T. Wichlenski	
STREET ADDRESS	2781 W. BAY DRIVE	4.3 STREET ADDRESS	2888 W. Bay Dr.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	4.4 CITY-ST-ZIP	Belleair Bluffs FL 34640	
TITLE	VPD	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MCMANUS, MARY	5.2 NAME	Emma Imhoff	
STREET ADDRESS	79 OVERBROOK BLVD.	5.3 STREET ADDRESS	2840 W Bay Dr	
CITY-ST-ZIP	LARGO, FL 34640	5.4 CITY-ST-ZIP	Belleair Bluffs FL 34640	
TITLE		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary McManus 3-3-95 (813) 584-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mary McManus

0067358