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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

1. Corporation	MENT # 829512 I Johns Associates, Lti	` '			
Principal Place		Mailing Address			AIDSI MÜÜSI BIDIS AIRTE AIDDI AIAII 1801
1001 SOUTH MYRTLE AVE P.O.BOX 1510 (34617) CLEARWATER FL 34616		1001 SOUTH MYRTLE AVE P.O.BOX 1510 (34617) CLEARWATER FL 34616-3968			
CLEANWAIEN	rt 34010	OFENHAVIER LF 94010-7400	•	3. Date Incorporated or Qualified 02/13/1973	3a. Date of Last Report 05/01/1996
<u> </u>	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
Su-te, Apt	#, etc.	Suite, Apt. #, etc.		11-2167186	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	g. Name and Address of Current	Registered Agent	0	Florida Statutes  10. Name and Address of New Re	Yes No
PAG	E, JOHN C.		81 Name	10.	
	DENTERPRISE ROAD		62 Street Addr	ess (P.O. Box Number is Not Acceptate	nie)
CLEARWATER FL 34623				oso (* .o. box (taribo) la (tar noceptar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			83		
			84 City		FL 85 Zip Code
SIGNATURE				oration submits this statement for the p ion's board of directors. I hereby accep	
12.	Signature, typed or printed name of registered ager OFFICERS AND		Registered Agent signature require 13,	ed when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE DEPS AND DIRECTORS IN 12
Tilif	VP	DELETE	1.1 TITLE	ADDITIONOS OFFICE TO OFFICE	Change Addition
NAME	BARBEL, RICHARD C.		1.2 NAME		
STREET ADDRESS	5172 VENETIAN BLVD. N.E.		1.3 STREET ADDRESS		
City-St-ZiP	ST. PETERSBURG FL	DELETE	1.4 CITY-ST-ZIP		[ ] ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
NAME	PST Page, John C	☐ DETEIE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADORESS	2650 ENTERPRISE RD		2.3 STREET ADDRESS		
CITY-ST-ZIF	CLEARWATER FL		2. 4 CITY - ST - ZIP		
1/ILF		☐ DELETE	3.1 TITLE		Change Addition
NAME .			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
THE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	,, ,,,	T nei ete	4.4 CITY-ST-ZIP		Change Addition
NAME		DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	•	
CITY-SI-ZIP			5.4 CiTY+ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 chapter 607 on an attachment with an address.

SIGNATURE:

Richard C. Barbel May 1, 1997

813-443-7666

**FILED** 

May 08 1997 8:00am

Secretary of State