FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1996 (9) DOCUMENT # Corporation Name RICHARD K. TILLERY, P.A. Mailing Address Principal Place of Business 4600 W. CYPRESS. STE 451 4600 W. CYPRESS, STE 451 **TAMPA FL 33607** TAMPA FL 33607 3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1995 08/28/1981 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2119760 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc  $\Box$ Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes No Country Zırı 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) TILLERY, RICHARD K 82 4600 W CYPRESS ST SUITE 451 83 TAMPA, FLORIDA Zip Code 33607 85 City 84 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, to 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 or registered agent, or both, in the State of Florida familiar with, and agreept the obligations. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ Change Addition DELETE TITLE TITLE 1.2 NAME TILLERY, RICHARD K NAME 1.3 STREET ADDRESS 3305 OMAR AVE STREET ADDRESS 1.4 CITY - SU-ZIP TAMPA, FL 00000 CITY - ST - 71P Addition Change T DELETE 2 1 HILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP C-TY - ST - 7:P Addition □ Change DELETE 3 1 1 ITLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.CITY - ST - ZIP CHTY-ST-ZIP Change Addition DELFTE 5 1 Title TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6 1 TiflE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block

14. If 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). Provide 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 cathy that I am an officer or oriector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name cannot be floridal to a composition for the receiver or trustee empowered to execute this report as required by Chapter 607.

CR2E034 (12/95)