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Jan 17 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 # F45606

(3)

1. Corporation Name

MASON & ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

17757 U.S. HWY. 19 N.
SUITE 500
CLEARWATER FL 34624
US

17757 U.S. HWY. 19 N.
SUITE 500
CLEARWATER FL 34624-6559
US

3. Date Incorporated or Qualified

09/22/1981

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASON, JOSEPH C JR
17757 U.S. HWY. 19 NORTH
SUITE 500
CLEARWATER FL 34624

81 Name

Mason, Anne S.

82 Street Address (P.O. Box Number is Not Acceptable)

17757 U.S. Hwy. 19 North

83

Suite 500

84 City

Clearwater,

FL

85 Zip Code

34624

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, typed or printed name of registered agent and title if applicable

Anne S. Mason

(NOTE: Registered Agent signature required when reinstating)

1/7/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME MASON, JOSEPH C JR
STREET ADDRESS 17757 U.S. HWY 19 NORTH SUITE 500
CITY-ST-ZIP CLEARWATER, FL 00000

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PD
NAME MASON, ANNE S
STREET ADDRESS 17757 US HWY 19 N STE 500
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ST
NAME MASON, CHARLOTTE F
STREET ADDRESS 17757 US HWY 19 N STE 500
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 an address.

SIGNATURE:

Joseph C. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Director)

1/7/97

Date

(813) 538-3800

Daytime Phone #

0449193

CR2E034 (9/96)