

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

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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F58000** (3)
1. Corporation Name
ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN, P.A.

Principal Place of Business	Mailing Address
201 N FRANKLIN ST. PO BOX 3433 TAMPA FL 33601	201 N FRANKLIN ST. PO BOX 3433 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1981	
4. FEI Number 59-2143036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**RIDLEY, FREDS.
201 N. FRANKLIN ST
TAMPA FL 33602**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, JOSEPH D
STREET ADDRESS	201 N. FRANKLIN, STE. 2100
CITY-ST-ZIP	TAMPA FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	COCKEY, PRESTON O JR.
STREET ADDRESS	201 N. FRANKLIN, STE. 2100
CITY-ST-ZIP	TAMPA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	ANNIS, MICHAEL D.
STREET ADDRESS	201 N. FRANKLIN ST.
CITY-ST-ZIP	TAMPA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ROEHN, THOMAS J.
STREET ADDRESS	201 N. FRANKLIN ST.
CITY-ST-ZIP	TAMPA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	DAISLEY, ROBERT M
STREET ADDRESS	201 N. FRANKLIN STREET
CITY-ST-ZIP	TAMPA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	KUSSNER, STEPHEN L.
STREET ADDRESS	201 N. FRANKLIN STREET
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert L. Roche
1.3 STREET ADDRESS	201 N. Franklin Street., Suite 2100
1.4 CITY-ST-ZIP	Tampa, FL 33602
2.1 TITLE	V,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Enola T. Brown
2.3 STREET ADDRESS	201 N. Franklin Street., Suite 2100
2.4 CITY-ST-ZIP	Tampa, FL 33602
3.1 TITLE	V,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	W. Keith Fendrick
3.3 STREET ADDRESS	201 N. Franklin Street, Suite 2100
3.4 CITY-ST-ZIP	Tampa, FL 33602
4.1 TITLE	V,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen J. Mitchell
4.3 STREET ADDRESS	201 N. Franklin Street., Suite 2100
4.4 CITY-ST-ZIP	Tampa, FL 33602
5.1 TITLE	V,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas B. Garlick
5.3 STREET ADDRESS	8889 Pelican Bay Blvd., 3rd Floor
5.4 CITY-ST-ZIP	Naples, FL 34108
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 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: _____ 3/20/98

CR2E034 (10/97)