

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90150 044 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F58000** ✓

1. Corporation Name

ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN, P.A.

Principal Place of Business 201 NORTH FRANKLIN STREET SUITE 2100 TAMPA, FLORIDA 33602	Mailing Address P.O. BOX 3433 TAMPA, FLORIDA 33601
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/10/81

4. FEI Number 59-2143036	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Fred S. Ridley  
201 North Franklin Street  
Suite 2100  
Tampa, Florida 33602

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D/CEO/S/T	<input type="checkbox"/> DELETE
NAME	Joseph D. Edwards	
STREET ADDRESS	201 North Franklin Street, Suite 2100	
CITY - ST - ZIP	Tampa, Florida 33602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	W. Keith Fendrick	
STREET ADDRESS	201 North Franklin Street, Suite 2100	
CITY - ST - ZIP	Tampa, Florida 33602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Thomas B. Garlick	
STREET ADDRESS	8889 Pelican Bay Blvd., Suite 300	
CITY - ST - ZIP	Naples, Florida 34108	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Bruce D. Green	
STREET ADDRESS	12800 University Park, Suite 600	
CITY - ST - ZIP	Ft. Myers, Florida 33906	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Joseph W.N. Rugg	
STREET ADDRESS	201 North Franklin Street, Suite 2100	
CITY - ST - ZIP	Tampa, Florida 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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, with all other like empowered.

SIGNATURE:

Joseph D. Edwards

4.21.99

813/229-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #