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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # F69273

STILES, TAYLOR, & METZLER, P.A. GRACE of Smith

(3)

FILED May 14 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Addres	3\$			1 OBSTAND ALLO DELIVE THAIL ISONO TRAIL BROWN AND BROWN BROWN BROWN AND A TRAIL			
% MARY ANN STILES 315 PLANT AVENUE		315 PLANT AV	% MARY ANN STILES 315 PLANT AVENUE TAMPA FL 33806-2325						
TAMPA FL 3360	.	TAMPA PL 330	U6-2325			3. Date Incorporated or Qualified 03/02/1982	3a. Date of Le		
2. Principat Pla	ce of Business	2a. Mailing Add	dress			4. FEI Number		Applied For	
21		26				59-2168000		Not Applicable	
Suite, Apt. #	; etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired	1 1 7 1	75 Additional se Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees	
Zip	Country	Zip	C	ountry		8. This corporation has liability for i		der s. 199.032,	
24	25	29	30				Yes 🔀 No		
	9. Name and Address of Curr	ent Registered Agent	<u> </u>	-	N	10. Name and Address of New Re	gistered Agent		
	ES, MARY ANN			81	Name				
315 PLANT AVENUE TAMPA FL 33606				82	Street	Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City		85	Zip Code	
				اا				·	
11. Pursuant to office or reg	o the provisions of Sections 607.0 gistered agent, or both, in the Sta	602 and 607.1508, Flo ate of Florida. Such cha	rida Statutes, the ange was authoriz	above ed by	the corp	corporation submits this statement for the poration's board of directors. I hereby acception	urpose of chang of the appointmen	ing its registered it as registered	
agent. Lam	familiar with, and accept the obl	ligations of, Section 60	7.0505, Florida St	atutes	\$.	•	• • • • • • • • • • • • • • • • • • • •		
DIGITIZATION	May Ann Stile	3 111474 MAN	Aliki					97	
12.	GESTOREDS A	AND DIRECTORS	(NOTE Registe		ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIREC	TORS IN 12	
TITLE	PID			TITLE	<u>_</u>	D ADDITIONAL TO OFFICE	Cha		
NAME	STILES, MARY ANN			NAME		Robert J. GRACE, Jr.	L., 0.1.	The Desire	
STREET ADDRESS	315 PLANT AVENUE				address	315 Plant Ave			
	TAMPA FL		•		ADDRESS	TAMPA, FL 38606			
CITY-ST ZIP	S			CITY-S	1-zir	D	☐ Cha	ange Addition	
NAME	STILES, MARY ANN	ш		NAME		Know M. Shith		- L	
STREET ADDRESS	315 PLANT AVENUE				ADORESS	111 N. ORANGE Ave, Ste 850			
Crty-St-ZiP	TAMPA FL		- ·	CITY-		Orlando, FL 32801			
TILLE	VPD			TITLE	i Dir	300	☐ Cha	ange Addition	
NAME	TAYLOR, RAYFORD H.	_		NAME					
STREET ADDRESS	108 E. JEFFERSON, SUITE	В	•		ADDRESS				
DITY-ST-ZIP	TALLAHASSEE FL		4 - 4	. CITY - S		٠			
THILE	YP9	×		TITLE			☐ Cha	ange Addition	
NAME	METZLER, DEBRA M.		4.3	NAME					
STREET ADORESS	315 PLANT AVENUE		. 4.3	STREET	ADDRESS	1			
City - St - ZiF	TAMPA TE			CITY-5		\	Λ		
THLE				TITLE		MN	Cha	ange	
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
CITY - ST - ZIF			5.4	CITY-S	T - ZiP	· · · · · · · · · · · · · · · · · · ·			
1111.6			DELETE 6.1	TITLE			☐ Cha		
NAME			6.2	NAME		60000219	1016		
STREET ADDRESS			6.3	STREET	ADDRESS	6000021S -05/27/97010	31039		
CITY - ST - ZIP			6.4	CITY-S	IT-ZIP	***165.00			
4 dt 1 de 1 e 1 t	vocality that the interest in a con-	Dead of the Alexander	4 114 - 5 - 44			teterd in Continue 440 07/00/it Floride Otestide	- 1.1th as a set if	Al- an an-	

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.