

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F84400** (3)

1. Corporation Name
GERALD SEARLE & ASSOCIATES, INC.



Principal Place of Business: **6360 17TH ST S ST PETERSBURG FL 33712 US**
Mailing Address: **6360 17TH ST S ST PETERSBURG FL 33712 US**

3. Date Incorporated or Qualified: **06/08/1982**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 7005 CENTRAL AVE**
22 Suite, Apt. #, etc.
23 City & State: **ST. PETERSBURG, FL**
24 Zip: **33710** 25 Country: **US**
26 Mailing Address: **7005 CENTRAL AVE**
27 Suite, Apt. #, etc.
28 City & State: **ST PETERSBURG, FL**
29 Zip: **33710** 30 Country: **US**

4. FEI Number: **59-2196484**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**SAMUELS, ALLEN R.
6740 CROSSWINDS DR, N.-C
ST. PETERSBURG FL 33710**

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 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SEARLE, JOAN W	
STREET ADDRESS	6360 17TH ST S	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SEARLE, GERALD P	
STREET ADDRESS	6360 17TH ST S	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	LOCKE, CHARLES L	
STREET ADDRESS	3000 34TH ST. S. #B303	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	10205 OLD TAMPA RD
14 CITY-ST-ZIP	PARRISH, FL 34219
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	10205 OLD TAMPA RD
24 CITY-ST-ZIP	PARRISH, FL 34219
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DTS
43 STREET ADDRESS	DIANA S. JORDAN
44 CITY-ST-ZIP	10205 OLD TAMPA RD
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(a), 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 in an attachment with an address.

SIGNATURE: *Gerald P. Searle* **GERALD P. SEARLE** 4/22/96 813-866-6869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)