

**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 # F97052 (7)**  
1. Corporation Name  
**WILLIAM W. CHASTAIN, PROFESSIONAL ASSOCIATION**



Principal Place of Business: **201 N. FRANKLIN STREET ONE TAMPA CITY CENTER, STE. 3400 TAMPA FL 33602**  
Mailing Address: **201 N. FRANKLIN STREET ONE TAMPA CITY CENTER, STE. 3400 TAMPA FL 33602**

|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>09/01/1982</b>   | 3a. Date of Last Report<br><b>01/30/1995</b> |
| 21                             | Subst. Apt. #, etc. | 26                  | State, Apt. #, etc. | 4. FEI Number<br><b>59-2216494</b>   | Applied For<br>Not Applicable                |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |  |  |           |    |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent |  |           |    |
| <b>CHASTAIN, WILLIAM W ESO<br/>201 N. FRANKLIN STREET<br/>SUITE 3400<br/>TAMPA FL 33602</b> |  |  |  | 81   | Name   |           |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|   |  |  |  | 83   |  |           |    |
|   |  |  |  | 84   | City   | <b>FL</b> | 85 |

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 of the registered agent or registered agent with authority (if applicable) (Print Name of Registered Agent) Signature of president or secretary (Print Name)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92 |   |
|----------------------------|------------------------------------|--|---|
| TITLE                      | DP                                 | 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHASTAIN, WILLIAM W</b>         | 1.2 NAME   |   |
| STREET ADDRESS             | <b>201 N FRANKLIN ST. STE 3400</b> | 1.3 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | <b>TAMPA FL</b>                    | 1.4 CITY - ST - ZIP                                    |   |
| TITLE                      |                                    | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 2.2 NAME   |   |
| STREET ADDRESS             |                                    | 2.3 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                    | 2.4 CITY - ST - ZIP                                    |   |
| TITLE                      |                                    | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 3.2 NAME   |   |
| STREET ADDRESS             |                                    | 3.3 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                    | 3.4 CITY - ST - ZIP                                    |   |
| TITLE                      |                                    | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME   |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                    | 4.4 CITY - ST - ZIP                                    |   |
| TITLE                      |                                    | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME   |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                    | 5.4 CITY - ST - ZIP                                    |   |
| TITLE                      |                                    | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME   |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                    | 6.4 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 119.07(3)(k), 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, 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, changed, or on an attachment with an address.

SIGNATURE: *William W. Chastain* / PRESIDENT 2/12/96 (813) 222-0400  
WILLIAM W. CHASTAIN OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)