

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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G09785 (8)**

1. Corporation Name  
**WILLIAM R. HOUGH & CO., INC.**



Principal Place of Business <b>100 2ND AVE S. STE 800                  P.O. DRAWER 1051                  ST PETERSBURG FL 33701-4008</b>	Mailing Address <b>100 2ND AVE S. STE 800                  P.O. DRAWER 1051                  ST PETERSBURG FL 33701-4008</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/29/1982</b>	4. FEI Number <b>59-2246010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**HOUGH, WILLIAM R  
 100 2ND AVE SO  
 SUITE 800  
 ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type 3 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABELMAN, STEPHEN C.</b>	1.2 NAME
STREET ADDRESS	<b>100 2ND AVE S, STE 800</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000 FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>FVP</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEMAN, FERG M.</b>	2.2 NAME
STREET ADDRESS	<b>100 2ND AVE S, STE 800</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000 FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>AVP</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYRES, RENEE</b>	3.2 NAME
STREET ADDRESS	<b>100 2ND AVE S, STE 800</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000 FL 33701</b>	3.4 CITY-ST-ZIP
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUmans, CHRISTOPHER S.</b>	4.2 NAME
STREET ADDRESS	<b>100 2ND AVE S, STE 800</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>	4.4 CITY-ST-ZIP
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WULBERN, EDWARD R.</b>	5.2 NAME
STREET ADDRESS	<b>100 2ND AVE S, STE 800</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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 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: *Sandra B. Mortham* (Sandra B. Mortham, V.P. 3-19-98 813/815-8880)

CR2E034 (10/97)