FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G20558** **(4)**

1. Corporation Name
EICKHOFF, PIEPER & WILLOUGHBY, INC.

Principal Place of Business	Mailing Address
111 MADISON STREET SUITE 2650 TAMPA FL 33602 US	111 MADISON STREET SUITE 2650 TAMPA FL 33602-4706 US

3. Date Incorporated or Qualified: **01/27/1983**
3a. Date of Last Report: **02/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-2273860** ☐ 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

9. Name and Address of Current Registered Agent

PIEPER, JOHN H.
111 MADISON STREET
SUITE 2650
TAMPA FL 33602-1716

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 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, typed 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	P/D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PIEPER, JOHN H		1.2 NAME	Mr. Ward Curtis, Jr.	
STREET ADDRESS	111 MADISON #2650		1.3 STREET ADDRESS	215 Second Avenue N	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	C	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	EICKHOFF, WILLIAM A		2.2 NAME	Mr. Kenneth D. Fullerton	
STREET ADDRESS	111 MADISON #2650		2.3 STREET ADDRESS	300 First Avenue South Suite 302	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	S/D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WILLOUGHBY, JOHN P.		3.2 NAME	Mr. Ian Irwin	
STREET ADDRESS	200 WEST FORSYTH, #800		3.3 STREET ADDRESS	1124 Tortuga Circle NE	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Mr. Victor P. Leavengood	
STREET ADDRESS			4.3 STREET ADDRESS	4516 Sylvan Ramble	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa, FL 33609	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Mr. Mark Mahaffey	
STREET ADDRESS			5.3 STREET ADDRESS	3700 Pompano Drive SE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Mr. Neil W. Savage	
STREET ADDRESS			6.3 STREET ADDRESS	201 Second Avenue N	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	St. Petersburg, FL 33701	

CR2E034 (9/96)

14. 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.

SIGNATURE: _____