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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G20558

(4)

FILED May 14 1998 8:00am Secretary of State

	OFF, PIEPER & WILLOUGH	BY, INC.					
Principal Place	e of Business	Mailing Address					1811 B(B) 1801
-111 MADISON STREET - 111 MADISON STREET SUITE 2650 SUITE 2650							
SUITE 2650 SUITE 2650 TAMPA FL 33602 TAMPA FL 33602					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualified	3. Date Incorporated or Qualified	
					01/27/1983		
2. Principal Place of Business 2a. Maiting Address					4. FEI Number		
21 400 N. TAMPA ST. 25 400 N. TA			AMPA	1 ST.	59-2273860	Not Applicable	
Suite, Apt. #, etc.					5, Certificate of Status Desired	1 1 '	Additional
27						Fee I	Required
City & State					6. Election Campaign Financing		O May Be
23 28			Countries		Trust Fund Contribution		d to Fees
Zip			Country	o. This corporation choo		has paid the current year Intangible	
24	9. Name and Address of Curre		<u> </u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
		ur uagistaran waatit	81	Name	10. Name and Address of New Res	harered Adent	
PIEPER, JOHN H. +111-MADISON STREET-				l			
				Street Ad	Idress (P.O. <u>Box Number is Not Acceptable</u>	le)	
SUITE 2650			83	400	N. TAMPA ST.		
IAN	MPA FL 33602-1716		~				
			84	City		FL 85 Zip	p Code
44 Dureuant	a the tirrovanes of Sections 607 050	22 and 607 16/19 Florida Statuto	s the abov	o-named co	progration submits this statement for the n		its registered
office or r	distered agent out the in the State	of Florida, Such change was a	uthorized b	y the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appointment a	as registered
	n tamillar with, and acter the doug	ations of, Section 607,0505, Flor	noa Statute	! \$.			
SIGNATURE	Signature, types or printed name of registered ag	ent and like if applicable (NOT)	Senistered An	ent signature rec	quired when reinstating)	DATE	I.
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	PD DELETE		1.1 TITLE			☐ Change	
NAME	PIEDED IOHN N		1.2 NAME				[3
STREET ADDRESS	411 MADISON #2650 400 N. TAMPA ST.		1.3 STREE	r address			}
CITY-ST-ZIP	TAMPA FL		1.4 CiTY-	ST-ZIP			(8
TITLE			2.1 TITLE			☐ Change	Addition C
NAME	EICKHOFF, WILLIAM A		22 NAME	ľ			ĺ
STREET ADDRESS	411 MADISON #2650 400 N TAMPA ST.		2 3 STREE	r address			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-	ST-ZIP			
TITLE	7-1		3.1 TITLE			☐ Change	Addition
NAME	***************************************		3.2 NAME				
STREET ADDRESS	200 WEST FORSYTH, #800		3.3 \$TREE	T ADDRESS			İ
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY -	ST-ZIP			
TITLE	D DELETE		4.1 TITLE	T		☐ Change	Addition
NAME	CURTIS, WARD JR		4 2 NAME	1			
STREET ADDRESS	215 2 AVE N		4.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP			4.4 CITY - :	ST-ZIP			
TITLE			5.1 TITLE			Change	e 🔲 Addition
NAME			5.2 NAME				-
STREET ADDRESS	*** * * * * * * * * * * * * * * * * * *		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-:	ST-ZIP			
TITLE			6.1 TITLE	1		☐ Change	e Addition
NAME	,		6.2 NAME				
			6.3 STREE	T ADDRESS			
CITY-ST-ZIP ST PETERSBURG FL				ST-ZIP			
14. Thereby c	ertify that the information supplied v	with t <u>his filing do</u> es not qualify for	r the exemp	otion stated	in Section 119.07(3)(i), Florida Statutes. I f	jurther certify that th	ne information

indicated on this enumer report or supplies was the following to the same legal effect as if made under oath; that I am an officer or director of the constraint by the ecciver 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 or an amount of the community with an andress.