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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR -1 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G42446 (6)

1. Corporation Name
KETCHEY, HORAN, HEARN, NEUKAMM & BAUMANN, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 100 N TAMPA ST. #1900<br>P O BOX 500<br>TAMPA FL 33601-7500 | 100 N TAMPA ST. #1900<br>P O BOX 500<br>TAMPA FL 33601-7500 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1983
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21: 100 North Tampa Street
22: Suite 1900
23: City & State
24: Zip 33602-5500 Country 25:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 33601-0500 Country 30:

4. FEI Number: 59-2292111 ☐ 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

KETCHEY, CHARLES F., JR.
100 N. TAMPA ST., SUITE 1900
SUITE 2400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 100 North Tampa Street
83: Suite 1900
84 City: FL 85 Zip Code

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, 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 | D | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | HEARN, STEVEN L. | 1.2 NAME | | |
| STREET ADDRESS | 2520 PALM DR | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 1.4 CITY-ST-ZIP | Tampa, FL 33629 | |
| TITLE | DPS | 2.1 TITLE | DS | ☒ Change ☐ Addition |
| NAME | HORAN, MICHAEL P | 2.2 NAME | | |
| STREET ADDRESS | 761 BRIGHTWATERS BLVD NE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 0 | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | NEUKAMM, JOHN B. | 3.2 NAME | | |
| STREET ADDRESS | 2905 SITIOS STREET | 3.3 STREET ADDRESS | 2511 Jetton Avenue | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | Tampa, FL 33629 | |
| TITLE | D | 4.1 TITLE | P | ☐ Change ☒ Addition |
| NAME | KETCHEY, CHARLES F. | 4.2 NAME | | |
| STREET ADDRESS | 902 FRANKLAND RD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BAUMANN, PHILLIP A | 5.2 NAME | | |
| STREET ADDRESS | 1119 SHADYBROOK DR | 5.3 STREET ADDRESS | 2911 Rubideaux | |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | Tampa, FL 33629 | |
| TITLE | | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 6.2 NAME | Judith A. English | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 804 S. Oregon Avenue | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Tampa, FL 33606 | |

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)(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 added on an attachment with an address.

SIGNATURE: [signature] Director 2/22/95 (813) 223-9395
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Neukamm

0302370 CP