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Apr 21 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 # **G42446** (6)

1. Corporation Name

KETCHEY HORAN, P.A.

N/C 5/17/96

Principal Place of Business

Mailing Address

100 NORTH TAMPA STREET
SUITE 1900
TAMPA FL 33602
US

100 N TAMPA ST. #1900
P O BOX 500
TAMPA FL 33601-0500

3. Date Incorporated or Qualified

06/01/1983

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2202111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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
STE 1900
TAMPA FL 33602

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D, VP	<input type="checkbox"/> DELETE
NAME	HEARN, STEVEN L.	
STREET ADDRESS	2520 PALM DR	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE	D, P	<input type="checkbox"/> DELETE
NAME	HORAN, MICHAEL P	
STREET ADDRESS	761 BRIGHTWATERS BLVD NE	
CITY - ST - ZIP	ST. PETERSBURG, FL 0	
TITLE	D, VP	<input type="checkbox"/> DELETE
NAME	NEUKAMM, JOHN B.	
STREET ADDRESS	2511 JETTON AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP, D	<input type="checkbox"/> DELETE
NAME	KETCHEY, CHARLES F.	
STREET ADDRESS	902 FRANKLAND RD	
CITY - ST - ZIP	TAMPA FL	
TITLE	D, S, T	<input type="checkbox"/> DELETE
NAME	BAUMANN, PHILLIP A	
STREET ADDRESS	2911 RUBIDEAUX	
CITY - ST - ZIP	TAMPA FL	
TITLE	D, VP	<input type="checkbox"/> DELETE
NAME	ENGLISH, JUDITH A.	
STREET ADDRESS	804 S. OREGON AVE.	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/17/97

(813) 223-9395

Date

Daytime Phone #

CR2E034 (9/96)