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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G42446

(6)

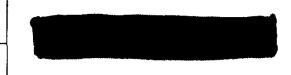
KETCHEY HORAN, P.A.

N/C 5/17/96

Principal Place of Business

100 NORTH TAMPA STREET SUITE 1900 TAMPA FL 33602 100 N TAMPA ST. #1900 P O BOX 500 TAMPA FL 33601-0500

FILED Apr 21 1997 8:00am Secretary of State



US						3. Date Incorporated or Qualified Sa. Date of Last Report 06/01/1983 02/27/1996				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1,		plied For	1
21	26				59-2292111			t Applicable	1	
Suite, Apt. #, etc. Suite, Apt. #, etc.							<u> </u>	\$8.75		1
22	27				5. Certificate of Status Desired	Fee Required				
City & State						6. Election Campaign Financing	_	\$5.00		
23 28						Trust Fund Contribution		Added 1	o Fees	
Zıp	Country Zip			ntry		8. This corporation has liability for i			199.032,	
24 25 29 30							Yes No			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered A	gent		
KE	TCHEY, CHARLES F., JR.			81	Name					
100 N TAMPA ST				82 Street Address (P.O. Box Number is Not Acceptable)					1	
ST	E 1900			at Street Address (1.0. Dox Hairton is Hely Addeptable)						
	MPA FL 33602			83						1
					41.	······································				1
				84	City		FL	85 Zip (Code	Į.
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	tes the el		named corpo	ration submits this statement for the p		hanging it	e registered	┨
office or	registered agent, or both, in the State	of Florida Such change was	authorized	t by ti	he corporatio	on's board of directors. I hereby accept	t the appo	ntment as	registered	
agent. La	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	utes.						1
SIGNATURE										1
	Signature, typed or ponted name of registered ag			Agent	signature required	d when reinstating)	DATE	NACATAR	<u> </u>	٦
12.		D DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFIC				CR2E034 (9/96)
TITLE	D.46	DELETÉ	1,1 7)		VP,	V	,	Change	Addition	<u>ල</u>
NAME	HEARN, STEVEN L.		1.2 N							8
STREET ADDRESS 2520 PALM DR			1.3 ST	REET ADDRESS						(<u>@</u>
CITY - ST- ZIP	TAMPA, FL 00000		1.4 CI	IY-ST-]&
TITLE	D\$,P DELETE		2.1 11	2.1 TITLE		S	1	Change	☐ Addition	0
NAME	HÖRAN, MICHAEL P		2.2 NA	2.2 NAME						1
STREET ADDRESS	E	2.3 \$		DDRESS					1	
CITY - ST - ZIP	ST. PETERSBURG, FL 0		2.40	TY-ST-	-ZIP					l
TITLE	D. VP	DELETE		3.1 TITLE		В		Change	Addition	1
NAME	NEUKAMM, JOHN B.		3.2 N/	ME	, ,	-				
STREET ADDRESS	2511 JETTON AVE		1		DDRESS					
	TAMPA FL				}					1
CHY-SI-AP MILE	JVP, D	DELETE	3 4. U	17Y-ST-	VP.	В		Change	Addition	1
	KETCHEY, CHARLES F.		1	4. 2 NAME		•		Last orkings		
NAME										
STREET ADDRESS	902 FRANKLAND RD				DDRESS					
CITY - S1 - ZIP	TAMPA FL	T prieve		IY-\$T-				on ch.z.	A 22 22 2	,
TITLE	D,5,T	☐ DELETE	5.1 TI		7رد ا	r, b	i	Clappe	Addition	1
NAME	BAUMANN, PHILLIP A			5.2 NAME				1/h	1/1///	27
STREET ADDRESS			5.3 ST	5.3 STREET ADDRESS				41 1	4/2/19	1/
CITY - ST - ZIP	TAMPA FL		5.4 CI	TY-ST-				IIII	4-11]
TITLE	D. VP	☐ DELETE	6.1 Ti	TLE	VP,	> EDDDDD214		XI Ehange	Addition	1
NAME	ENGLISH, JUDITH A.	i A.		6.2 NAME		60000214 -04/21/97011	1500	7		
STREET ADDRESS	804 S. OREGON AVE. /	1 , 1	6.3 ST	REET AS	DORESS	***165.80		· r		1
CITY-ST-7/P	TAMPA FL	<i> </i>		IY-ST-	4	waa ING - DD				1
		d with this tiling does not qua				in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	1

. Tab hereby certify that the information supplied with this filling 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 of supplied in 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 corp valuer 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 privingell, or the anylattachment with an address.

SIGNATURE:

NATURE AND TYPED OR VRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/17/97

(813)223-9395