

THE AFTER MAY 1ST IS \$550.00

FILED

Feb 01, 1999 8:00am  
Secretary of State

1999  
Annual Report

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-01-1999 90021 046 \*\*\*150.00

DOCUMENT # G42446

1. Corporation Name  
KETCHEY HORAN, P.A.



Principal Place of Business  
100 NORTH TAMPA STREET  
SUITE 1900  
TAMPA FL 33602  
US

Mailing Address  
100 N TAMPA ST. #1900  
P O BOX 500  
TAMPA FL 33601-7500

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/01/1983

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KETCHEY, CHARLES F., JR.  
100-N TAMPA ST.  
STE 1900  
TAMPA FL 33602

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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, with all other like empowered.

SIGNATURE: M. Hearn 1/5/99 (813) 223-9395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)