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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G77156** (9)

1. Corporation Name

BLASINGAME, FORIZS & SMILJANICH, P.A.



Principal Place of Business

**300 FIRST AVE. SOUTH
P.O. BOX 1259
ST PETERSBURG FL 33701**

Mailing Address

**300 FIRST AVE. SOUTH
P.O. BOX 1259
ST PETERSBURG FL 33701**

3. Date Incorporated or Qualified
01/03/1984

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORIZS, ZALA L.
300 FIRST AVE. SOUTH
ST. PETERSBURG FL 33701**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **FORIZS, ZALA**
STREET ADDRESS **227 ESTADO WAY**
CITY-STATE-ZIP **ST PETERSBURG FL**

TITLE **VP** ☐ DELETE

NAME **SMILJANICH, TERRY**
STREET ADDRESS **1000 BRGHTWTRS BLVD NE**
CITY-STATE-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **COLLINS, CHRISTA L.**
STREET ADDRESS **201 RIALTO WAY NE**
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE **ST** ☐ DELETE

NAME **WAHL, ROBERT J.**
STREET ADDRESS **3300 SUNSET DRIVE**
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **YANCHUNIS, JOHN A.**
STREET ADDRESS **901 NE 31 ST**
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **DOGALI, A. ANDERSON**
STREET ADDRESS **3030 LONGBROOKE WAY**
CITY-STATE-ZIP **CLEARWATER FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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)(k), 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.

SIGNATURE: **X** By: **Zala Forizs**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 8233837

CR2E034 (12/95)