FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 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 # **G77156** (9)

1. Corporation Name
BLASINGAME, FORIZS & SMILJANICH, P.A.

Principal Place of Business	Mailing Address
300 FIRST AVE. SOUTH SUITE 500 ST PETERSBURG FL 33701 US	300 FIRST AVE. SOUTH P.O. BOX 1259 ST PETERSBURG FL 33701-4236

3. Date Incorporated or Qualified: **01/03/1984**
3a. Date of Last Report: **02/29/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

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

4. FEI Number: **59-2365200** ☐ 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

FORIZS, ZALA L.
300 FIRST AVE. SOUTH 600
ST. PETERSBURG FL 33701

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FORIZS, ZALA		1.2 NAME		
STREET ADDRESS	227 ESTADO WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMILJANICH, TERRY		2.2 NAME		
STREET ADDRESS	1000 BRGHTWTRS BLVD NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, CHRISTA L.		3.2 NAME		
STREET ADDRESS	201 RIALTO WAY NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WAHL, ROBERT J.		4.2 NAME		
STREET ADDRESS	3300 SUNSET DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YANCHUNIS, JOHN A.		5.2 NAME		
STREET ADDRESS	901 NE 31 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DOGALI, A. ANDERSON		6.2 NAME	Dogali, A. Anderson B.	
STREET ADDRESS	3030 LONGBROOKE WAY		6.3 STREET ADDRESS	9408 Beechberry Pl	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	Pinellas Park FL 34666	

CR2E034 (9/96)

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 on an attachment with an address.

BLASINGAME, FORIZS & SMILJANICH, P.A.

SIGNATURE: _____ 4/18/97 813/823-3837