

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G77410** (0)

1. Corporation Name

TEPPER, WHITMILL & ASSOCIATES, INC.

Principal Place of Business

**3000 34TH STREET S
SUITE L
ST PETERSBURG FL 33711**

Mailing Address

**3000 34TH STREET S.
SUITE L
ST PETERSBURG FL 33711**



2. Principal Place of Business

21 State Apt. #, or

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State Apt. #, or

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
01/05/1984

3a. Date of Last Report
04/13/1995

4. FEI Number

59-2351998

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

**TEPPER, RANDALL S.
3000 - 34TH ST., SOUTH
SUITE L
ST. PETERSBURG FL 33711**

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 607.1302, 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 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. NAME
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. NAME
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. NAME
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included in this annual report or supplement to 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 registered agent approved to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am not the registered agent.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURE

3-11-96

813-866-3102

Daytime Phone #

CR2E034 (12/95)