

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 MAR 20 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # G77562 (8)

1. Corporation Name

MASTRY, MARGER, DAVIS, JOHNSON, BARTLETT & LYNN,  
INC.

Principal Place of Business

Mailing Address

200 CENTRAL AVENUE  
#1800  
ST. PETERSBURG FL 33701-3326

P O BOX 3542  
ST PETERSBURG FL 33731-3542

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MASTRY, R DONALD  
200 CENTRAL AVENUE  
#1800  
ST. PETERSBURG FL 33701-3326

3. Date Incorporated or Qualified

01/01/1984

4. FEI Number

59-2387608

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

TITLE DS  
NAME JOHNSON, WILLIAM L.  
STREET ADDRESS 200 CENTRAL AVE., #1800  
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☒ DELETE

TITLE DP  
NAME MASTRY, R. DONALD  
STREET ADDRESS 200 CENTRAL AVE., #1800  
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ DELETE

TITLE DV  
NAME ALLAN B. DAVIS  
STREET ADDRESS 200 CENTRAL AVE., #1800  
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ DELETE

TITLE D  
NAME HERBERT L. ALBRITTON  
STREET ADDRESS 200 CENTRAL AVE., #1800  
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ DELETE

TITLE DT  
NAME JONES, DOUGLAS S.  
STREET ADDRESS 200 CENTRAL AVE., #1800  
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
400002468674--9  
-03/26/98--01012--012

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
\*\*\*\*150.00 \*\*\*\*150.00

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DTS ☒ Change ☐ Addition  
5.2 NAME JONES, DOUGLAS S.  
5.3 STREET ADDRESS 200 CENTRAL AVE., #1800  
5.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

Douglas S. Jones  
Secretary/Treasurer

3-18-98 (813) 824-6139

CR2E034 (10/97)