

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

**FILED**  
**Jan 30 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 # H08358 (4)**

1. Corporation Name  
**JOANNE F. KILLEEN, ATTORNEY, P.A.**



Principal Place of Business: **2133 5TH AVE N. ST. PETERSBURG FL 33713**  
 Mailing Address: **2133 5TH AVE N. ST. PETERSBURG FL 33713-8013**

3. Date Incorporated or Qualified: **06/18/1984**  
 3a. Date of Last Report: **03/18/1996**  
 4. FEI Number: **59-2424833**  
 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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25  
 2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**KILLEEN, JOANNE F.  
 2133 FIFTH AVENUE NORTH  
 ST. PETERSBURG FL 33713**  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KILLEEN, JOANNE F.</b>                 | 12 NAME   |   |
| STREET ADDRESS             | <b>2133 FIFTH AVENUE NORTH</b>            | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                  | 14 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 22 NAME   |   |
| STREET ADDRESS             |   | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 24 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 32 NAME   |   |
| STREET ADDRESS             |   | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 42 NAME   |   |
| STREET ADDRESS             |   | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 52 NAME   |   |
| STREET ADDRESS             |   | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 62 NAME   |   |
| STREET ADDRESS             |   | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 64 CITY-ST-ZIP  |   |

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, unchanged, or on an attachment with an address.

SIGNATURE: *Joanne F. Killen, Pres.* **JOANNE F. KILLEEN**  
 1/23/97 813-323-8258  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)