FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H19975** **(2)**

1. Corporation Name

BAYNARD, HARRELL, OSTOW & ULRICH, P.A.

Principal Place of Business	Mailing Address
100 2ND AVE SO SUITE 1202 PO BOX 180 ST. PETERSBURG FL 33731	100 2ND AVE SO SUITE 1202 PO BOX 180 ST. PETERSBURG FL 33731

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 100 Second Avenue S.	26 100 Second Avenue S.
Suite, Apt. #, etc. 22 Suite 1201	Suite, Apt. #, etc. 27 Suite 1201
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip / Country 24 33701 / 25 USA	Zip / Country 29 33701 / 30 USA

4. FEI Number: 59-2459567 ☐ 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	10. Name and Address of New Registered Agent
BAYNARD, WILLIAM T., JR. 100 2ND AVE S, 12TH FL ST. PETERSBURG FL 33701	81 Name: Stephenson, Ronald L. 82 Street Address (P.O. Box Number is Not Acceptable): 100 Second Avenue S. 83 Suite 1201 84 City: St. Petersburg FL 85 Zip Code: 33701

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: Ronald L. Stephenson — 4/21/95
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	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	DUPRE, STEVEN C	12 NAME	Stephenson, Ronald L.
STREET ADDRESS	100 2ND AVE S, 12TH FL	13 STREET ADDRESS	100 Second Avenue South, Suite 1201
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DS	21 TITLE	DVPS ☒ Change ☐ Addition
NAME	KEANE, MICHAEL J	22 NAME	Punzak, David R.
STREET ADDRESS	100 2ND AVE S, 12TH FL	23 STREET ADDRESS	1 Progress Plaza, 23rd Floor
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DT	31 TITLE	☒ Change ☐ Addition
NAME	HIGGINS, JOHN P	32 NAME	Delete Higgins, John P. as DT
STREET ADDRESS	100 2ND AVE S, 12TH FL	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Ronald L. Stephenson — Ronald L. Stephenson, President — (813) 823-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

031823 CP