

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 17 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H44759** (9)

1. Corporation Name  
**OLIVER & COMPANY, P.A., CERTIFIED PUBLIC ACCOUNTANTS**

Principal Place of Business Mailing Address  
**18 N. BROAD STREET BROOKSVILLE FL 34601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/27/1985** 3a. Date of Last Report **04/14/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2485874** Applied For  Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country

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

**HERMAN A. VIDAL  
18 N. BROAD STREET  
BROOKSVILLE FL 34601**

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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PM**  
NAME **VIDAL, HERMAN A., CPA**  
STREET ADDRESS **18 N BROAD ST**  
CITY- ST- ZIP **BROOKSVILLE FL**

1 1 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE **D**  
NAME **PATTERSON, O. CLINTON**  
STREET ADDRESS **18 N BROAD ST**  
CITY- ST- ZIP **BROOKSVILLE FL**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

TITLE **D**  
NAME **FERRARO, VINCENT**  
STREET ADDRESS **217 LITHIA PINECREST**  
CITY- ST- ZIP **BRANDON, FL**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

41 TITLE  Change  Addition  
42 NAME **DIRECTOR**  
43 STREET ADDRESS **MARY BETH GARY**  
44 CITY- ST- ZIP **18 NO. BROAD ST. BROOKSVILLE, FL 34601**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

51 TITLE  Change  Addition  
52 NAME **DIRECTOR**  
53 STREET ADDRESS **C. KENNETH DEASON**  
54 CITY- ST- ZIP **18 NO. BROAD ST. BROOKSVILLE, FL 34601**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
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)(k), 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: Herman A. Vidal  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/12/95 (904) 796-1444  
Date (Include Area #)