

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H65163** (8)

1. Corporation Name

**PARDUE, HEID, CHURCH, SMITH & WALLER OF TAMPA, I
NC.**



Principal Place of Business

Mailing Address

**4915 W CYPRESS ST
200
TAMPA FL 33607
US**

**% WILLIAM P. PARDUE, JR.
1403 WEST COLONIAL DRIVE
ORLANDO FL 32804**

3. Date Incorporated or Qualified
07/03/1985

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2657443

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

10. Name and Address of New Registered Agent

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. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**PARDUE JR., WILLIAM P.
1403 WEST COLONIAL DRIVE
ORLANDO FL 32804**

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 the corporation

(NOTE: Registered Agent Signature required when terminating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D PARDUE JR., WILLIAM P.**
STREET ADDRESS **3016 TEMPLE TRAIL**
CITY-STATE-ZIP **MAITLAND FL**

TITLE ☐ DELETE
NAME **D CHURCH, LARRY A.**
STREET ADDRESS **4925 LAKE GATIN WOODS CT**
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☒ DELETE
NAME **DST SILVERSTEIN, MARK**
STREET ADDRESS **4915 W CYPRESS**
CITY-STATE-ZIP **TAMPA FL**

TITLE ☒ DELETE
NAME **DP BRADFORD, JOHNSON**
STREET ADDRESS **4915 W CYPRESS**
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **D MOREYRA, ROBERT**
STREET ADDRESS **1403 W COLONIAL DR**
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

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2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

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2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Moreyra 3-1-96 407-841-3602

CR2E034 (12/95)