

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H73646** (2)

1. Corporation Name

CONCORDE I, INC.

FILED
96 MAY 10 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% JERRY D DINGLE
400 N. ASHLEY ST., SUITE 2800
TAMPA FL 33602

Mailing Address

% JERRY D DINGLE
400 N. ASHLEY ST., SUITE 2800
TAMPA FL 33602

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

DINGLE, JERRY D.
400 N ASHLEY
STE 2800
TAMPA FL 33602

3. Date Incorporated or Qualified
08/28/1985

3a. Date of Last Report
12/18/1995

4. FEI Number
59-2569927

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

81. Name

82. Street Address (P.O. Box Number is **000001821030**)

05/14/96-01119-005
*****225.00 ***225.00**

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 of the filer, please.

NOTE: Registered Agent signature required when changing filer.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STEWART, J. BENTON
STREET ADDRESS **4907 PILGRIMS PATHWAY**
CITY-ST-ZIP **TAMPA FL 89611**

TITLE ☐ DELETE

NAME **TD**
MOORE, JOSEPH B.
STREET ADDRESS **808 BEVERLY PLACE**
CITY-ST-ZIP **DAKE FOREST IL 60045-3856**

TITLE ☐ DELETE

NAME **SD**
SESSUMS, T. TERRELL
STREET ADDRESS **113 DUNBAR AVE.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ DELETE

NAME **VD**
DINGLE, JERRY D.
STREET ADDRESS **1907 WYKAGYL ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

12. NAME
13. STREET ADDRESS **1104 S. DUNBAR AVE**
14. CITY-ST-ZIP **TAMPA, FL 33629**

2. TITLE ☐ Change ☐ Addition

21. NAME

22. STREET ADDRESS

23. CITY-ST-ZIP

24. CITY-ST-ZIP

3. TITLE ☒ Change ☐ Addition

31. NAME

32. STREET ADDRESS **1113 DUNBAR AVE.**

33. CITY-ST-ZIP

34. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41. NAME

42. STREET ADDRESS

43. CITY-ST-ZIP

44. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51. NAME

52. STREET ADDRESS

53. CITY-ST-ZIP

54. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61. NAME

62. STREET ADDRESS

63. 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)(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 recorder 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-96 **813-223-7577**
Date Daytime Phone #

CR2E034 (12/95)