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PROFIT CORPORATION ANNUAL REPORT



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

1996

H73646 **DOCUMENT #**

(2)

CONCORDE I, INC.

FILED 96 MAY 10 PH 3: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	or Business	Mailing Address						
% Jerry D Dingle 400 N. Ashley St., Suite 2000 Tampa Fl 33602		% JERRY D DINGLE 400 N. ASHLEY ST., SUITE 2000 TAMPA FL 33602						
					3. Date incorporated or Qualified 3a. Date of Last Report 12/18/1995			
2. Principal Pla	ce of Business	2a. Mailing Address	· •• •• · · · · · · · · · · · · · · · ·	4. FE	Number 59-2569927			Applied For
21 Suite: Apt. #	etc	Suite, Apt. #, etc.			39-2309921		<u>.</u>	Not Applicable
22	, etc.	27		5. G	ertificate of Status [Desired 🔲	·	75 Additional a Required
City & State		City & State			ection Campaign Fi	~ —		00 May Be
23 Ζφ	Country	Z _I p	Country		ust Fund Contributi			ed to Fees
24	25	29	30		nis corporation has l orida Statutes	liability for intanç ☐ Yes ☐	-	s 199.032,
	9. Name and Address of Currer	nt Registered Agent		10. N	ame and Address	of New Regis	tered Agent	
			81 Na	me				
DINGLE, 400 N AS	SHLEY		82 Str	eet Address (P.O.	Box Number is N			
STE 2800			83		3	****225.		1225.00
TAMPA F	L 33602		84 City	y			FL 85	Zip Code
or registere	o the provisions of Sections 607.0502 Id agent, or both, in the State of Flori I, and accept the obligations of, Sect	da. Such change was author	ized by the corporation	d corporation subj on's board of direc	mits this statement itors. Thereby acce	for the purpose pt the appointm	of changing its ent as registere	registered office ad agent. I am
SIGNATURE .	Signature, typed or portfold nettic of registeral ragical	ia dibreda, pikane gr	.Ö TE . Begistered Agest signa	turo rogano diwayo, reji st	abrīgi		DATE	
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certify that the information indicated on this arrival report or supplemental annual report is the end ascurate 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 receives or tustive 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 appears in Block 12 or Block 13 if changed, or on an attachment with an appears.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

5-8-96 8/3-223-7577