

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H79781

(1)

1. Corporation Name

PROFESSIONAL HOLDINGS, INC.

Principal Place of Business

C/O DON SIMMLER
2112 16TH ST N
ST PETERSBURG FL 33704

Mailing Address

C/O DON SIMMLER
2112 16TH ST N
ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/07/1985

3a. Date of Last Report
03/01/1994

4. FEI Number

59-2583553

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JEFFREY, WILLIAM G
302 2ND ST N
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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 of person named as registered agent and the designated agent)

(Date: Day/Month/Year)

DATE

12. OFFICERS AND DIRECTORS

NAME	PD
NAME	JEFFREY, WM G.
STREET ADDRESS	301 2ND ST N #14
CITY, ST, ZIP	ST PETERSBURG FL
NAME	VD
NAME	SIMMLER, D.
STREET ADDRESS	2112 16TH ST N
CITY, ST, ZIP	ST. PETERSBURG FL
NAME	TD
NAME	THACKER, ROBT. E.
STREET ADDRESS	700 6TH ST. S.
CITY, ST, ZIP	ST. PETERSBURG FL
NAME	D
NAME	PELL, D
STREET ADDRESS	2112 16TH ST N
CITY, ST, ZIP	ST PETERSBURG FL
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not guilty of the offenses stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information furnished 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 627, Florida Statutes, and that my name appears on the back of the filing and changed, or not, in all respect with an action.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF (SIGNING) OFFICER OR DIRECTOR

2/23/95