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FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33704-3924

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

3. Date Incorporated or Qualified

10/07/1985

3a. Date of Last Report

02/26/1996

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

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

WILLIAM G. JEFFREY

82 Street Address (P.O. Box Number is Not Acceptable)

4906 Windmill Palm Terrace NE

83

84 City

St. Petersburg

FL

85 Zip Code

33703

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 registered agent or person applying for registration (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JEFFREY, WM G.
STREET ADDRESS 4906 WINDMILL PALM TERRACE NE
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE VD
NAME SIMMLER, D.
STREET ADDRESS 2112 16TH ST N
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE TD
NAME THACKER, ROBT. E.
STREET ADDRESS 601 7TH ST S
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE D
NAME PELL, D
STREET ADDRESS 2112 16TH ST N
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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

2/18/97

813-870-8056

CR2E034 (9/96)