

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K04396** (3)

1. Corporation Name
THOMAS D. SHULTS, P.A.



Principal Place of Business 1800 SECOND ST SUITE 700 SARASOTA FL 34236	Mailing Address 1800 SECOND ST SUITE 700 SARASOTA FL 34236-5853
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3. Date Incorporated or Qualified 11/30/1987	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business 21 3700 S. TAMiami TR. Suite, Apt. #, etc. 22 201 City & State 23 SARASOTA FL Zip 24 34239 25 USA	2a. Mailing Address 26 3700 S. TAMiami TR. Suite, Apt. #, etc. 27 201 City & State 28 SARASOTA FL. Zip 29 34239 30 USA
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4. FEI Number 65-0017661	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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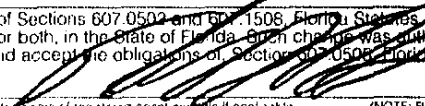
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent SHULTS, THOMAS D. 1800 SECOND ST SUITE 700 SARASOTA FL 34236
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10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 3700 S. TAMiami TR 83 #201 84 City SARASOTA FL 85 Zip Code 34239
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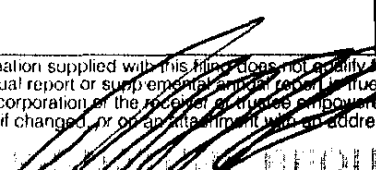
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE  DATE **4/23/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	DP SHULTS, THOMAS D.
STREET ADDRESS	1800 SECOND STREET, #700
CITY-ST-ZIP	SARASOTA FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	3700 S. TAMiami TR
1.4 CITY-ST-ZIP	SARASOTA FL 34239
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 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 an address.

SIGNATURE:  DATE **4/23/97** (94) 951-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)