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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K29763

(5)

FILLETTE, GREEN & CO. OF TAMPA, INC.

FILED Apr 11 1997 8:00am Secretary of State



Principal Plac 3333 W KENNE #207 TAMPA FL 336 US	EDY BLVD	3333 W KI #207	TAMPA FL 33609-2953			3	3. Date Incorporated or Qualified 07/28/1988 07/08/1996				
2. Principal F	Place of Business	2a. Mailin	n Address	······································			FEI Number	1 4.14.		pplied For	
21	1,000	26	9 / 1541000			,	59-2747995			lot Applicable	
Suite, Apt	#, etc		Apl. #, etc.				5. Certificate of Status Desired	Ø	\$8.75	Additional lequired	
City & Stat	le	Crty & 28	State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
7(p)	Country	Zip		Countr							
24	25	29					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of			<u> </u>		10	0. Name and Address of New Ro	_			
SPE	IGELFELD, ALLEN VON			81	Name						
501	EAST KENNEDY BOULEY TE 1800	ARD		82	Street	Address	(P.O. Box Number is Not Acceptal	ole)		n	
	IPA FL 33602			83	 			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
,				64	City			FL	85 Zip	Code	
SIGNATURE	Signature, typed or printed name of regi	stered agent and tille if applical		Registered Ag				DATE			
12.	OFFICE T D	RS AND DIRECTORS	- I poiete	13.		,	ADDITIONS/CHANGES TO OFFIC				
TITLE	PUNDSACK, ROBERT N		DELETE	1.1 TITLE		}		L	Change	Addition	
NAME	3333 W KENNEDY BLVI			1.2 NAME		}					
STREET ACIDRESS	TAMPA FL	, #201			T ADDRESS	Į					
COY-S1-2IP	D		DELETE	1.4 CITY -	ST-ZIP	ļ <u>.</u>			Change	Addition	
TITLE	MOORE, JOHN THOMAS	S	☐ DELETE	2 1 TITLE		1		ı	— Auguste	CT Vocaling	
NAME Access approved	3333 W KENNEDY BLVI			2.2 NAME		1					
STREET ADDRESS	TAMPA FL				T ADDRESS						
CHTY-ST-7IP	, , , , , , , , , , , , , , , , , , ,		DELETE	2 4 CITY- 3 1 TITLE	SI-ZIP	VP		Т	Change	Addition	
NAME			DELLE	3.2 NAME		Toh	N F-Clement				
STREET ADDRESS					T ADDRESS	250	u F-Clement 9 E Scenic Dr				
C/TY-ST-ZIP				3.4. CITY			is Christian, ms 395	١ (
TIFLE			DELETE	4.1 TITLE	31-211	7.7.	3 01/11/10/11/20	·- -	Change	Addition	
NAME			_	4.2 NAM	E	1		-			
STREET ADDRESS					T ADDRESS						
CITY - ST - ZIP				4.4 CITY		ì					
TITLE			DELETE	5.1 TITLE		 		1	Change	Addition	
NAME				5.2 NAME		1			-		
STREET ADDRESS				1	T ADDRESS	-					
CITY ST-710				5.4 CITY-		}					
TITLE			DELETE	61 TITLE	- · · ·	1		I	Change	Addition	
NAME				6.2 NAME				•	•	-	
STREET ADDRESS	[T ADDRESS	}					
CHY-ST-ZIP				64 CITY-		ļ					
UIII-31-211	1			04 0117-	9114F	1.	Caption 440 07/01(i) Florida Chates	o (fusher		t die e	

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 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.

1991, da 2014M

(60)452-0618