

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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

CLIFTON A. LIVINGSTON,  
+ ASSOCIATES, P.A. (K-50696)

Principal Place of Business

Mailing Address

201 E. DAVIS BLVD.  
TAMPA, FL. 33606

3. Date Incorporated or Qualified

3a. Date of Last Report

12/12/88 1996

4. FEI Number

Applied For

59-2921705

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 201 E. DAVIS BLVD

26 \_\_\_\_\_

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TAMPA, FL

27 \_\_\_\_\_

City & State

City & State

23 \_\_\_\_\_

28 \_\_\_\_\_

Zip

Country

Zip

Country

24 33606

25 HILLSBOROUGH

30 \_\_\_\_\_

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CLIFTON A. LIVINGSTON

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

201 E. DAVIS BLVD

83 \_\_\_\_\_

84 TAMPA

FL

85 Zip Code

33606

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

*Clifton A. Livingston*

(NOTE: Registered Agent signature required when reinstating)

4/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES./SEC./DIR. ☐ DELETE  
NAME CLIFTON A. LIVINGSTON  
STREET ADDRESS 201 E. DAVIS BLVD  
CITY-ST-ZIP TAMPA, FL 33606

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

TITLE \_\_\_\_\_ ☐ DELETE  
NAME \_\_\_\_\_  
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CITY-ST-ZIP \_\_\_\_\_

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\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Clifton A. Livingston*

CLIFTON A. LIVINGSTON, PRES.  
4/29/97 (813) 254-7777

CR2E034 (12/95)