

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L06675

(7)

1. Corporation Name

DEEB & BRAINARD, P.A.



Principal Place of Business

5999 CENTRAL AVENUE  
SUITE 202  
ST. PETERSBURG FL 33710  
US

Mailing Address

5999 CENTRAL AVENUE  
SUITE 202  
ST. PETERSBURG FL 33710  
US

3. Date Incorporated or Qualified

08/04/1989

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2965665

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D & B CORPORATE SERVICES INC.  
5999 CENTRAL AVENUE  
SUITE 202  
ST. PETERSBURG FL 33710

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 the Corporation or the Registered Agent (if applicable)

(Date: Registered Agent signature required when reinstating)

DATE

(813) 384-5999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VP ☐ DELETE

1.1 TITLE C. Scott Brainard VP ☒ Change ☐ Addition

NAME BRAINARD, C. SCOTT

1.2 NAME 100 Second Avenue South

STREET ADDRESS 5999 CENTRAL AVENUE, SUITE 202

1.3 STREET ADDRESS Suite 701

CITY-STATE-ZIP ST. PETERSBURG FL

1.4 CITY-STATE-ZIP St. Petersburg, FL 33701

TITLE PSTD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME DEEB, BRIAN P.

2.2 NAME

STREET ADDRESS 5999 CENTRAL AVENUE, SUITE 202

2.3 STREET ADDRESS

CITY-STATE-ZIP ST. PETERSBURG FL

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (813) 384-5999

Date

Daytime Phone #

CR2E034 (12/95)