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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(2)

DAVID J. MCCONNELL, III AND ASSOCIATES, INC.

Principal Place of Business

DOCUMENT #
1. Corporation Name

Mailing Address



% DAVID J MCCONNELL III 1602 W SLIGH AVE #100 TAMPA FL 33604			1602 W SL	% DAVID J MCCONNELL III 1602 W SLIGH AVE #100 TAMPA FL 33604			Date Incorporated or Qualified	3a. Date o	f lact l	Becort
							08/07/1989	04/2	21/19	95
2. Principal P	lace of Busin	ess	2a. Mailing A	ddress			4. FEI Number			Applied For
21 Suite And	# _A _		26				59-2961979			Not Applicable
Suite, Apt.		·	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e 		City & Sta	ate			Election Campaign Financing     Trust Fund Contribution		\$5.0	00 May Be
Zip <b>24</b>	Country Zip 25 29				Country 30		8. This corporation has liability for i	Added to Fees  ly for intangible tax under s 199.032,		
9. Name and Address of Current Registered Agent							Florida Statutes Yes No  10. Name and Address of New Registered Agent			
					81	Name	Tu. Name and Address of New R	egistered Ag	ent	
MCCON	NELL, DAV	ווו ג.חו				TRAFFIE				
1602 W	SLIGH AVE	#100			82 Street Addr		ess (P.O. Box Number is Not Acceptable	(0)		
SUITE 2		, , ,			83					
	FL 33604									
					84	Crty				p Code
11. Pursuant t	to the provisi	ons of Sections 607	.0502 and 607.1508, Flo	xida Statutes, the	above-n	amed corpora	ation submits this statement for the purp	FL	ing its	raciators =1 =40
or register familiar wit	ed agent, or th, and accer	both, in the State o of the obligations of	f Florida. Such change w , Section 607.0505, Florid	as authorized by t	the corpo	ration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	,o∞ oi chang intment as reç	⊪ıgıtsı ₃isterec	egistered office Lagent, Lam
SIGNATURE		•		o otatotos.						
	Signature, typed o	or printed name of regist are	d agent and title if applicable.	(NOTE Regis	Stered Agent	signature required	when reinstating	DATE		
12.		OFFICE:R	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		RECTO	DRS IN 12
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NAME		NELL, DAVID J II			1.2 NAME					
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CiTY-ST-ZIP	TAMPA	rL 			1.4 CITY-ST	ZIP				
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or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an iddress. oath; that I am an officer or director appears in Block 12 or Block 13 if of

OFFICER OR DIRECTOR