

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gordon B. McMillan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11895

(4)

95 MAY 11 5:30

1. Corporation Name
ANTIOCH, INC.

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2424 WATROUS AVE
TAMPA FL 33629
US**

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TAMPA FL 33629
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2964180	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. Has corporation has liability for intangible tax under S. 193.012 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt. #, etc. 22	State Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRISON, III W
101 E. KENNEDY BLVD.
STE. 4100
TAMPA FL 33602**

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 607.08(4) and 607.15(8), 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 607.08(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Agent or Agent in Charge)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	DP MERRILL, MARK W. 101 E KENNEDY BLVD. TAMPA FL	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY, ST., ZIP		3. CITY, ST., ZIP	☐ Change ☐ Addition
4. NAME	DVTS HARRISON, WILLIAM T., III 2424 WATROUS AVE. TAMPA FL	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST., ZIP		6. CITY, ST., ZIP	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST., ZIP		9. CITY, ST., ZIP	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST., ZIP		12. CITY, ST., ZIP	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST., ZIP		15. CITY, ST., ZIP	☐ Change ☐ Addition

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 139.02(6)(b), 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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or as an attachment with an address.

SIGNATURE:

William T. Harrison, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. HARRISON, JR. 4/27/95

(813) 222-8700