

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 JAN 25 AM 10:27

**DOCUMENT # L37252 (8)**

1. Corporation Name  
**REPKA & JENNINGS, P.A.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**37584 U.S. HIGHWAY 19  
PALM HARBOR FL 34684**

Mailing Address  
**28870 US HWY. 19  
STE. 408  
CLEARWATER FL 34621-2564  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/15/1989** 3a. Date of Last Report **07/27/1994**

4. FEI Number **59-2981756** Applied For  Not Applicable

5. Certificate of Status Desired  **\$6.75** 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  
21 **28870 US HWY 19**  
Suite, Apt. #, etc. **408**  
City & State **CLEARWATER FL**  
Zip **34621-2564** Country

2a. Mailing Address  
26 **28870 US HWY 19**  
Suite, Apt. #, etc. **408**  
City & State **CLEARWATER FL**  
Zip **34621-2564** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENNINGS, THOMAS C, III  
5106 N. SEMINOLE AVE.  
TAMPA FL 33603**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**28870 US HWY 19, STE 408**  
83  
84 City **CLEARWATER** FL 85 Zip Code **34621-2564**

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 officer 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>JENNINGS, THOMAS C. III</b>
STREET ADDRESS	<b>5106 N SEMINOLE AVE.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>ST</b>
NAME	<b>JENNINGS, THOMAS C. III</b>
STREET ADDRESS	<b>5106 N. SEMINOLE AVE.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/T/D</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S/D</b>
2.3 STREET ADDRESS	<b>Dennis L. Repka</b>
2.4 CITY - ST - ZIP	<b>40 Deerpath Drive Oldsmar, FL 34677</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information reported 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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas C. Jennings III*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**Thomas C. Jennings III**

01/18/95 8-13,ms 799-9033