

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L37252** (8)

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



Principal Place of Business: 28870 US HWY 19 SUITE 408 CLEARWATER FL 34621-2564 US
 Mailing Address: 28870 US HWY 19 SUITE 408 CLEARWATER FL 34621-2564 US

3. Date Incorporated or Quoted: 12/15/1989
 3a. Date of Last Report: 01/25/1995
 4. FEI Number: 59-2981756
 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. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
 2a. Mailing Address: 26 []
 22 []
 23 []
 24 []
 25 []
 27 []
 28 []
 29 []
 30 []

9. Name and Address of Current Registered Agent

JENNINGS, THOMAS C III
 28870 US HWY 19, STE 408
 CLEARWATER FL 34621

10. Name and Address of New Registered Agent

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 607.1506, 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 registered agent or the officer or director

Signature of the registered agent or the officer or director

Signature

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

1. TITLE	PTD	<input type="checkbox"/> DELETE
2. NAME	JENNINGS, THOMAS C. III	
3. STREET ADDRESS	5106 N SEMINOLE AVE.	
4. CITY, ST, ZIP	TAMPA FL	
5. TITLE	SD	<input type="checkbox"/> DELETE
6. NAME	REPKA, DENNIS L	
7. STREET ADDRESS	40 DEERPATH DRIVE	
8. CITY, ST, ZIP	OLDSMAR FL 34677	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, 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 119.073(4)(c), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 registered 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 of agent, or on an attachment with a address.

SIGNATURE: *Thomas C. Jennings III* 22446 (813) 7999033
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)