

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # L37252 (8)
1. Corporation Name
REPKA & JENNINGS, P.A.



Principal Place of Business
**26870 US HWY 19
SUITE 408
CLEARWATER FL 34621-2584
US**

Mailing Address
**26870 US HWY 19
SUITE 408
CLEARWATER FL 34621-2583
US**

3. Date Incorporated or Qualified
12/15/1989

3a. Date of Last Report
02/29/1996

2. Principal Place of Business
21 **703 COURT STREET**

2a. Mailing Address
26 **703 COURT STREET**

4. FEI Number
59-2981756

Applied For
 Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
CLEARWATER FL

28 City & State
CLEARWATER FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **34616-5501** 25 Country **USA**

29 Zip **34616-5507** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JENNINGS, THOMAS C III
26870 US HWY 19, STE 408
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name **JENNINGS, THOMAS C. III**

82 Street Address (P.O. Box Number is Not Acceptable)
703 COURT STREET

83

84 City **CLEARWATER FL** 85 Zip Code **34616-5507**

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: *Thomas C. Jennings III* **THOMAS C. JENNINGS III** 1 13 97

Signature: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTDS	<input type="checkbox"/> DELETE
NAME	JENNINGS, THOMAS C. III	
STREET ADDRESS	5106 N SEMINOLE AVE.	
CITY - ST - ZIP	TAMPA FL 33603	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REPKA, DENNIS I	
STREET ADDRESS	40 DEERPATH DRIVE	
CITY - ST - ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.S.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JENNINGS, THOMAS C. III	
1.3 STREET ADDRESS	5106 N. SEMINOLE AVE	
1.4 CITY - ST - ZIP	TAMPA, FL 33603	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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 filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas C. Jennings III* 1 13 97 813 4414550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)