

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L38796** (3)

1. Corporation Name
THELMA DREYER & ASSOCIATES, INC.



Principal Place of Business
201 N. Franklin Street
~~501 EAST KENNEDY BLVD~~
~~SUITE 100~~ 1775
TAMPA FL 33602

Mailing Address
201 N. Franklin Street
~~501 EAST KENNEDY BLVD~~
~~SUITE 100~~ 1775
TAMPA FL 33602

3. Date Incorporated or Qualified **12/28/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 201 N. Franklin Street	26 201 N. Franklin Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 1775	27 Suite 1775
City & State	City & State
23 Tampa, Florida	28 Tampa, Florida
Zip	Zip
24 33602	29 33602
Country	Country
25 Hills.	30 Hills.

4. FEI Number **59-2982151** 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name DREYER, THELMA H.		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD 201 N. Franklin Street		82 Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin Street	
83 Suite 1775		83 Suite 1775	
84 City Tampa		84 City Tampa	
85 Zip Code FL 33602		85 Zip Code FL 33602	

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 **Thelma H. Dreyer** DATE **5/10/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREYER, THELMA H.	1.2 NAME	
STREET ADDRESS	501 EAST KENNEDY BLVD #100 201 N. Franklin	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL Suite 1775	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 119.07(3)(k), 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: *Thelma H. Dreyer* DATE: **5/10/96** (813) 229-1545
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Thelma H. Dreyer**

CR2E034 (12/95)