

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L43771** (9)

1. Corporation Name

SCHRADER, JOHNSON, AUVIL & BROCK, P.A.



Principal Place of Business

**37837 MERIDIAN AVE
STE 314
DADE CITY FL 33525
US**

Mailing Address

**37837 MERIDIAN AVE
STE 314
DADE CITY FL 33525
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, LEONARD H.
37837 MERIDIAN AVE
SUITE 314
DADE CITY FL 33525**

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 607.1508, 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

Signature of registered agent or principal officer of corporation (typed or printed name)

(If 11. Registered Agent Signature required, when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**DS
JOHNSON, LEONARD H.
37837 MERIDIAN AVE STE 314
ST. LEO FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**DP
SCHRADER, JEROME G.
37837 MERIDIAN AVE STE 314
DADE CITY FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**DT
AUVIL, JON L.
37837 MERIDIAN AVE STE 314
DADE CITY FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**DVP
BROCK, P HUTCHISON II
37837 MERIDIAN AVE STE 314
DADE CITY FL**

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

904/567-2500

CR2E034 (12/95)