FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:33

DOCUMENT # L68495 (5)

1. Corporation Name
ELI M. KOLP, P.A.

Principal Place of Business	Mailing Address
% ELI M KOLP P.O. BOX 350326 TAMPA FL 33695	% ELI M KOLP P.O. BOX 350326 TAMPA FL 33695

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1990
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business	2a. Mailing Address
21 13601 BRUCE B. DOWNS BLVD.	26 3401 BURLINGTON WOODS CT.
Suite, Apt. #, etc. 22 SUITE 241	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FLORIDA	City & State 28 LUTZ, FLORIDA
Zip / Country 24 33613 / 25 U.S.A.	Zip / Country 29 33549-3201 / 30 U.S.A.

4. FEI Number: 59-3010780 ☐ 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
KOLP, ELI M. 3401 BURLINGTON WOODS COURT LUTZ FL 33549-0201	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 Zip Code

11. Pursuant to the provisions of Section 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: Eli Kolp ELI KOLP March 10, 1995
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed, typed or printed) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: KOLP, ELI M STREET ADDRESS: 3401 BURLINGTON WOODS CT CITY-ST-ZIP: LUTZ FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE: V NAME: KOLPAKCHI, MORDEKHAI I. STREET ADDRESS: 14550 BRUCE B. DOWNS BLV CITY-ST-ZIP: TAMPA FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE: S NAME: KOLP, KATHLEEN S. STREET ADDRESS: 3401 BURLINGTON WOODS CT CITY-ST-ZIP: TAMPA FL	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE: T NAME: KOLPAKCHI, ZENAIDA V. STREET ADDRESS: 14550 BRUCE B DOWNS BLVD CITY-ST-ZIP: TAMPA FL	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: Eli Kolp ELI KOLP March 10, 1995 (813) 977-1780
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR (Date) (Daytime Phone #)

04/07/11 PH