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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L72291

(2)

Mailing Address

ROBERT H. DILLINGER, P.A.

| FILED              |
|--------------------|
| Feb 04 1997 8:00am |
| Secretary of State |

|--|

| 6450 FIRST AVE N<br>ST. PETERSBURG FL 33710     |  | 6450 FIRST AVE N<br>St. Petersburg Fl. 33710-8402                     |                     |                   |  |                             |   |  |
|---|--|---|---------------------|-------------------|--|-----------------------------|---|--|
|   |  |   |                     |                   | 3. Date Incorporated or Qualified 05/11/1990   | 04/15/1996                  | Report  |  |
| 2. Principal Pl                                 | ace of Business  | 2a. Mailing Address   | 28. Mailing Address |                   | 4. FEI Number  | IA                          | polied For                                    |  |
| 21  |  | 26  | 26                  |                   |  | N                           | ot Applicable                                 |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.   |                     |                   | 5. Certificate of Status Desired   | 1 1                         | Additional<br>required                        |  |
| City & State<br>23                              | 2  | City & State  |                     |                   | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees |   |  |
| Zip   | Country<br>25  | Zip<br>29   | Country<br>30       |                   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No   |                             |   |  |
| 9. Name and Address of Current Registered Agent |  |   |                     | 1                 | 10. Name and Address of New Registered Agent   |                             |   |  |
| 6450<br>ST. F                                   | NGER, ROBERT H. FIRST AVE N PETERSBURG FL 33710 to the provisions of Sections 607.0 edistered agent, or both, in the Sta | 502 and 607,1508, Florida Statute<br>ate of Florida Such change was a | 82<br>83<br>84      | 6822<br>Sulti     | 11inger, Robert H. ress (P.O. Box Number is Not Acceptable 22nd Ave. North, e 129  Petersburg poration submits this statement for the petition's board of directors. I hereby acceptable | FL 85 Zig                   | Code<br>710<br>its registered<br>s registered |  |
| SIGNATURE                                       | m familiar with, and accept the ob   |   |                     |                   | ired when reinstating)   | DATÉ.                       |   |  |
| 12.   |  | AND DIRECTORS   | 1 13.               | a.g. ta.ta.a roda | ADDITIONS/CHANGES TO OFFIC   |                             | ORS IN 12                                     |  |
| THE   | PST  | DELETE  | 1 1 TITLE           | P                 | ST   | ☐ Change                    | Addition                                      |  |
| NAME  | DILLINGER, ROBERT H.   |   | 1.2 NAME            | t t               | ILLINGER, ROBERT H.  |                             | 1   |  |
| STREET ADDRESS                                  | 6450 FIRST AVE N   |   | 1.3 STREET A        |                   | 822 - 22nd Avenue Nor  | th - Suite                  | 129   |  |
| CITY - ST - ZIP                                 | ST. PETERSBURG FL  |   | 1.4 CITY-ST-        |                   | t. Petersburg, FL 33   |                             | /   |  |
| TITLE   | D  | DELETE  | 2.1 TITLE           | D                 | <del>-</del>   | Change                      | Addition                                      |  |
| NAME  | DILLINGER, ROBERT H.   |   | 2.2 NAME            | מ                 | ILLINGER, ROBERT H.  |                             |   |  |
| STREET ADDRESS                                  | 6450 FIRST AVE N   |   | 2.3 STREET A        |                   | 822 - 22nd Avenue Nor  | th - Suite                  | 129   |  |
| CITY - ST - 7IP                                 | ST. PETERSBURG FL  |   | 2. 4 CITY-ST        |                   | t. Petersburg, FL 33   |                             |   |  |
| TITLE   |  | ☐ DELETE  | 3.1 TITLE           |                   |  | ☐ Change                    | Addition                                      |  |
| NAME  |  |   | 3.2 NAME            |                   |  | ·                           |   |  |
| STREET ADDRESS                                  |  |   | 3.3 STREET A        | DDRESS            |  |                             | i   |  |
| CITY-ST-ZIP                                     |  |   | 3.4. CITY-ST        | - ZiP             |  |                             |   |  |
| TITLE   |  | DELETE  | 4.1 TITLE           | ľ                 |  | Change                      | Addition                                      |  |
| NAME  |  |   | 4. 2 NAME           | İ                 |  |                             |   |  |
| STREET ADDRESS                                  |  |   | 4.3 STREET A        | DDRESS            |  |                             |   |  |
| CITY-ST-ZIP                                     |  | DELETE  | 4.4 CITY - ST       | ZIP               |  | Change                      | Addition                                      |  |
| 1111.6  |  | L. DELETE   | 5.1 TITLE           |                   |  | ☐ Change                    | י ויייז אסטונוטע                              |  |
| NAME  |  |   | 5.2 NAME            |                   |  |                             |   |  |
| STREET ADORESS                                  |  |   | 5.3 STREET A        |                   | #11  |                             |   |  |
| CITY-ST-ZIP                                     |  | Delege  | 5.4 CITY-SF         | -7IP              |  | Change                      | Addition                                      |  |
| JULE  |  | [] DELETE   | 61 TITLE            |                   |  | ∟ change                    | , Managaria                                   |  |
| NAME  |  |   | 62 NAME             | 1                 |  |                             |   |  |
| STREET ADDRESS                                  |  |   | 63 STREET A         | 1                 |  |                             |   |  |
| CITY-SI-ZIP                                     | <u> </u>   | find Pil able files described   | 6.4 CITY-ST         |                   | ad in Contino 110.07(2Vi) Etorida Statuto  | a I further cortifu th      | at the  |  |

• 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 suppliemental 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 coporation 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 ochanged, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

(813) 464-6634

Daytime Phone #

R2E034 (9/96)