

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M74456**

(8)

1. Corporation Name

MCPHERSON OF TAMPA BAY, INC.

Principal Place of Business

**P.O. BOX 15133
TAMPA FL 33684**

Mailing Address

**P.O. BOX 15133
TAMPA FL 33684**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

03/29/1988

3a. Date of Last Report

01/19/1995

4. FEI Number

59-2972986

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

**RINALDI, ROBERT
4020 SOUTH AVENUE
TAMPA FL 33614**

10. Name and Address of New Registered Agent

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 (if not the same as the corporation's officer or director)

Signature of Registered Agent (if not the same as the corporation's officer or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PS	RINALDI, ROBERT	4020 SOUTH AVENUE	TAMPA FL 33614	☐
VT	MCPHERSON, JANET	4020 SOUTH AVENUE	TAMPA FL 33614	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 DELETE
21 TITLE <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY-STATE-ZIP</td> <td>☐</td>	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	☐
31 TITLE <td>32 NAME</td> <td>33 STREET ADDRESS</td> <td>34 CITY-STATE-ZIP</td> <td>☐</td>	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	☐
41 TITLE <td>42 NAME</td> <td>43 STREET ADDRESS</td> <td>44 CITY-STATE-ZIP</td> <td>☐</td>	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	☐
51 TITLE <td>52 NAME</td> <td>53 STREET ADDRESS</td> <td>54 CITY-STATE-ZIP</td> <td>☐</td>	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	☐
61 TITLE <td>62 NAME</td> <td>63 STREET ADDRESS</td> <td>64 CITY-STATE-ZIP</td> <td>☐</td>	62 NAME	63 STREET ADDRESS	64 CITY-STATE-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 in this annual report or supplementary 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 registered agent 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:

Robert Rinaldi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

8138766392

Date

Telephone #

CR2E034 (12/95)