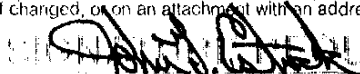


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P31763 (6) 1. Corporation Name CONCANNON, GALLAGHER, MILLER & COMPANY, P. C.					
Principal Place of Business 9800 FOURTH ST. NORTH STE 300 ST. PETERSBURG FL 33702 US		Mailing Address 9800 FOURTH ST. NORTH STE 300 ST. PETERSBURG FL 33702-2458 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/23/1990 3a. Date of Last Report 04/19/1996 4. FEI Number 23-2620120 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 ESTOCK, JOHN G., CPA 9800 FOURTH STREET NORTH, SUITE 300 ST. PETERSBURG FL 33702				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE PD ☐ DELETE 1.2 NAME GALLAGHER, MICHAEL J. 1.3 STREET ADDRESS 2253 NOTTINGHAM ROAD 1.4 CITY-STATE-ZIP ALLENTOWN PA 2.1 TITLE VD ☐ DELETE 2.2 NAME MASON, WILLIAM C. 2.3 STREET ADDRESS 3822 THOMAS DRIVE 2.4 CITY-STATE-ZIP EMMAUS PA 3.1 TITLE SD ☐ DELETE 3.2 NAME GNEIDING, HOWARD D. 3.3 STREET ADDRESS 3148 LAUREL LANE 3.4 CITY-STATE-ZIP OREFIELD PA 4.1 TITLE TD ☐ DELETE 4.2 NAME ESTOCK, JOHN G. 4.3 STREET ADDRESS 1551 EXCALIBUR DRIVE 4.4 CITY-STATE-ZIP CLEARWATER FL 5.1 TITLE ☐ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE ☐ DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP ☐ Change ☐ Addition 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP ☐ Change ☐ Addition 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP ☐ Change ☐ Addition 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP ☐ Change ☐ Addition 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP ☐ Change ☐ Addition 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP					
14. 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 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:  REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/16/97 Daytime Phone # (813) 577-7620					

CR2E034 (9/96)