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FILED

May 15 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32042

(4)

1. Corporation Name

POE & ASSOCIATES OF ILLINOIS, INC.

Principal Place of Business

401 E JACKSON ST
SUITE 1700
TAMPA FL 33602
US

Mailing Address

PO BOX 1348
P.O. BOX 1348
TAMPA FL 33601-1348
US

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

12/04/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

36-3660351

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

LENFESTEY, LAUREL J
401 E JACKSON ST
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Laurel L. Grammig

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RATH, JOHN F.
STREET ADDRESS 401 E JACKSON ST SUITE 1700
CITY - ST - ZIP TAMPA FL☐ DELETETITLE CD
NAME BROWN, J HYATT
STREET ADDRESS 220 S RIDGEWOOD AVE
CITY - ST - ZIP DAYTONA BEACH FL☐ DELETETITLE AVP
NAME REIMANN, KATHY
STREET ADDRESS 401 E JACKSON ST SUITE 1700
CITY - ST - ZIP TAMPA FL☐ DELETETITLE S
NAME LENFESTEY, LAUREL
STREET ADDRESS 401 E JACKSON ST SUITE 1700
CITY - ST - ZIP TAMPA FL☐ DELETETITLE EVP
NAME HESTER, JOHN
STREET ADDRESS 401 E JACKSON ST SUITE 1700
CITY - ST - ZIP TAMPA FL☐ DELETETITLE T
NAME HENDERSON, JIM
STREET ADDRESS 220 S RIDGEWOOD AVE
CITY - ST - ZIP DAYTONA BEACH FL☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

Laurel L. Grammig

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurel L. Grammig

Date

Daytime Phone #

813-222-4277

CR2E034 (9/96)