

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000015504 (3)**

1. Corporation Name
JAMES B. SOBLE, P.A.



Principal Place of Business: **401 E JACKSON ST, 2700 LANDMARK CENTRE, TAMPA FL 33602**
 Mailing Address: **401 E JACKSON ST, 2700 LANDMARK CENTRE, TAMPA FL 33602**

3. Date Incorporated or Qualified: **12/31/1992** 3a. Date of Last Report: **01/23/1995**
 4. FEI Number: **59-3165869** 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOBLE, JAMES B
 401 E JACKSON ST
 2700 LANDMARK CENTRE
 TAMPA FL 33602**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: DELETE
 NAME: **SOBLE, JAMES B**
 STREET ADDRESS: **401 E JACKSON ST 2700 LANDMARK CENTRE**
 CITY-STATE-ZIP: **TAMPA FL 33602**
 2. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 3. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 4. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 5. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 6. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

1. TITLE: Change Addition
 12 NAME:
 13 STREET ADDRESS:
 14 CITY-STATE-ZIP:
 2. TITLE: Change Addition
 22 NAME:
 23 STREET ADDRESS:
 24 CITY-STATE-ZIP:
 3. TITLE: Change Addition
 32 NAME:
 33 STREET ADDRESS:
 34 CITY-STATE-ZIP:
 4. TITLE: Change Addition
 42 NAME:
 43 STREET ADDRESS:
 44 CITY-STATE-ZIP:
 5. TITLE: Change Addition
 52 NAME:
 53 STREET ADDRESS:
 54 CITY-STATE-ZIP:
 6. TITLE: Change Addition
 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 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: *James B. Soble* **JAMES B. SOBLE** 1/22/96 813-221-6600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/Town/Post Office

CR2E034 (12/95)