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

**CORPORATION** ANNUAL REPORT



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

1996

P9300000157 (6) **DOCUMENT #** 1. Corporation Name

W·F· B/	AHGEH & ASSOCIATES, INC	•		İ				
Principal Place	of Business	Mailing Address			i idarigan kin ibira nini daniy balik	OGEN DONN DONN EAN		
3839 4TH STREET, NORTH SUITE 200 ST. PETERSBURG FL 33703		3839 4TH STREET, NORTH SUITE 200 ST. PETERSBURG FL 33703						
					<ol> <li>Date Incorporated or Qualified</li> <li>12/31/1992</li> </ol>	3a. Date of Last Report 04/18/1995		
2. Principal Pla 21 10103		2a. Mailing Address 2a 10103 9th Street North			4. FEI Number 59-3158099		<b>├├</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\${	h	Additional
22 Suite A		27 Suite A			5. Certificate of Status Desired			Required
City & State 23 St. Petersburg, FL		City & State 28 St. Petersburg, FL			6. Election Campaign Financing	[] <b>\$</b>	5.00	May Be
Zip Zip	Country	Zp Zp	Country		Trust Fund Contribution			to Fees
24 33716	25 USA		30 USA		8. This corporation has liability for i		jer s	199.032,
	9. Name and Address of Current	Registered Agent	T T T T T T T T T T T T T T T T T T T		10. Name and Address of New R		it	
81 Name					dith A. Stuart			
GODWIN	82 Street		(P.O. Box Number is Not Acceptab	le)				
	1 Street North				103 9th Street 1			
SUITE 200			83	Su	ite A			
ST. PETERSBURG FL 33703			84 City			<b>-</b> 85	Zip	Code 8716
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the s				St	. Petersburg	FL	[33	716
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 662.005, Florida Statutes.								
SIGNATURE	Sectiff (1)	Mugas Statutes.			4	122/96		
	Signature, typic or printed name of registered agent and	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature r	required wha	en reinstating)	DATE		
12.	PD OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFI			
NAME	GODWIN, BENJAMIN B	XXDELETE	1. 1 TITLE	PD		XX Cha	inge	☐ Addition
STREET ADDRESS 3839 4TH STREET, NORTH, SUITE 200					nn E. Barger	_		
CITY-ST-ZIP	ST. PETERSBURG FL 33703				Appian Way N. H			}
TITLE		DELETE	2 1 TITLE	S.	Petersburg, FL		2 2006	XX Addition
NAME			2.2 NAME		ith A. Stuart			A.A
STREET ADDRESS			23 STREET ADDRESS	557	Pinellas Bayway	7. #113		
CITY-ST-ZIP					rra Verde, FL 33			
TITLE		DELETE	3 1 TITLE	${f T}$		☐ Cha	inge	XX Addition
NAME			3.2 NAME	Kar	en R. Gornik			
STREET ADDRESS			3 3. STREET ADDRESS	4078	8 Auston Way			
CITY-ST-ZIP TITLE		□ DELETE	3.4 CHY - ST - ZIP 4. 1 TITLE	Palı	m_Harbor, FL 34	1685		Pro Audor
NAME		_ out it	4.2 NAME			☐ Cha	.nge	Addition
STREET ADDRESS			4.3 STREET ADDRESS					,
CiTY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	5. 1 TITLE			Cha	inge	Addition
NAME			5.2 NAME					- '
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP		Page 100	5.4 CITY - ST - ZIP					
TITLE		☐ DEFEI€	6 1 TITLE			Cha	nge	☐ Addition
NAME CIRCLI ADDOCCO			6.2 NAME					
STREET ADDRESS			6.3 STREFT ADDRESS					

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:

SIGNATURE:

SIGNATURE:

4/22/96 (813)578-0808