

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000000446 (3)

1. Corporation Name

BAXTER & STROHAUER, P.A.

Principal Place of Business

918 DREW ST.
SUITE A
CLEARWATER FL 34615

Mailing Address

918 DREW ST.
SUITE A
CLEARWATER FL 34615

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:50

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 1150 Cleveland Street

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Clearwater, FL

Zip

24 34615

Country

25 USA

2a. Mailing Address

26 1150 Cleveland Street

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Clearwater, FL

Zip

29 34615

Country

30 USA

3. Date Incorporated or Qualified

01/05/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3159246

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

BAXTER, JAMES A
918 DREW ST.
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
James A. Baxter

82 Street Address (P.O. Box Number is Not Acceptable)

1150 Cleveland Street

83 Suite 300

84 City
Clearwater

FL

85

Zip Code
34615

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

James A. Baxter James A. Baxter

1/18/95

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BAXTER, JAMES A
STREET ADDRESS 918 DREW ST., SUITE A
CITY-ST-ZIP CLEARWATER FL 34615

TITLE VP
NAME STROHAUER, GARY N
STREET ADDRESS 918 DREW ST., SUITE A
CITY-ST-ZIP CLEARWATER FL

TITLE DST
NAME MANNION, ELIZABETH R
STREET ADDRESS 918 DREW ST, STE A
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Baxter, James A.
1.3 STREET ADDRESS 1150 Cleveland Street, Suite 300
1.4 CITY-ST-ZIP Clearwater, FL 34615

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Strohauer, Gary N.
2.3 STREET ADDRESS 1150 Cleveland Street, Suite 300
2.4 CITY-ST-ZIP Clearwater, FL 34615

3.1 TITLE DST ☒ Change ☐ Addition
3.2 NAME Mannion, Elizabeth R.
3.3 STREET ADDRESS 1150 Cleveland Street, Suite 300
3.4 CITY-ST-ZIP Clearwater, FL 34615

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 addendum.

SIGNATURE:

Gary N. Strohauer Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary N. Strohauer, Vice President

Date

(Anytime After 9)