FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 24 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000947 (0)**

1. Corporation Name

BOYDSTUN, DABROSKI & LYLE, P.A.

Principal Place of Business	Mailing Address
2600 9TH STREET NORTH ST. PETERSBURG FL 33734 US	2600 9TH ST NORTH ST. PETERSBURG FL 33734 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: PO Drawer 76380
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: St Petersburg FL
Zip — 24: 33704
Country — 25:
Zip — 29: 33734
Country — 30: US

4. FEI Number: 59-3158827 ☐ 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

BOYDSTUN, C. BRYANT JR.
2600 NINTH STREET NORTH
ST. PETERSBURG FL 33734

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: 33704

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	BOYDSTUN, C. BRYANT	12 NAME	C. Bryant Boydstun, Jr.
STREET ADDRESS	2600 9TH ST N	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☑ Change ☐ Addition
NAME	DABROSKI, DENNIS	22 NAME	Dennis E Dabroski
STREET ADDRESS	2600 9TH ST N	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	LYLE, CHARLES A.	32 NAME	
STREET ADDRESS	2600 9TH ST N	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	LYLE, JAMES R. JR	42 NAME	
STREET ADDRESS	2600 9TH ST N	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☑ Change ☐ Addition
NAME	LYLE, CARL B.	52 NAME	Carl B. Lyle, II.
STREET ADDRESS	2600 9TH ST N	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: _____ 4/19/95 813-895-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles A. Lyle, Treasurer