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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Murawski
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056292 (4)

1. Corporation Name

SAAVEDRA & RIEMER, P.A.

Principal Place of Business

2817 W VIRGINIA AVE
TAMPA FL 33607

Mailing Address

2817 W VIRGINIA AVE
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/11/1993

3a. Date of Last Report

03/03/1994

4. FEI Number

59-3195234

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 2727 W M.L. King Blvd

2a. Mailing Address

26 2727 W M.L. King Blvd

Suite, Apt. #, etc.

660

Suite, Apt. #, etc.

660

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33607

Country

25 USA

Zip

29 33607

Country

30 USA

9. Name and Address of Current Registered Agent

DINGLE, PHILLIP S
101 E KENNEDY BLVD
SUITE 3700 BARNETT PLAZA
TAMPA FL 33602

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME RIEMER, IRA A.
STREET ADDRESS 2817 W. VIRGINIA AVE.
CITY-ST-ZIP TAMPA FL

TITLE S
NAME SAAVEDRA, JOSEPH J.
STREET ADDRESS 2817 W. VIRGINIA AVE.
CITY-ST-ZIP TAMPA FL

TITLE V
NAME DAVIS, MARK R.
STREET ADDRESS 2817 W. VIRGINIA AVE.
CITY-ST-ZIP TAMPA 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 ☒ Change ☐ Addition

1.2 NAME 2727 W. M.L. King Blvd, #660

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 5 VP T

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME not part of the corporation
as of 4-1-94

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 119.07(3)(b), 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:

JOSEPH SAAVEDRA

2-26-95

(813)878-2211