FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000057669 (2)**

1. Corporation Name

KINSMAN FOWLER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2502 ROCKY POINT DR. SUITE 890 TAMPA FL 33607	2502 ROCKY POINT DR. SUITE 890 TAMPA FL 33607

3. Date Incorporated or Qualified: 08/15/1993
3a. Date of Last Report: 08/10/1995

2. Principal Place of Business	2a. Mailing Address
21 3802 Dr. MLK Blvd	26 P.O. Box 25077
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33614 / 25 Country: USA	29 Zip: 33623-5077 / 30 Country: USA

4. FEI Number: 59-3207266 ☐ 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

TATE, MARK T
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Lyons, Richard D.
82 Street Address (P.O. Box Number is Not Acceptable): 3802 Dr. MLK Blvd
83
84 City: Tampa, FL **FL** 85 Zip Code: 33614

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: _____ Richard D. Lyons 4/23/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	STEINBRENNER III, GEORGE M	1.2 NAME	3802 Dr. MLK Blvd
STREET ADDRESS	2502 ROCKY POINT ROAD / STE - 890	1.3 STREET ADDRESS	Tampa, FL. 33614
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	STEIMLE, DON	2.2 NAME	3802 Dr. MLK Blvd
STREET ADDRESS	2502 ROCKY POINT ROAD / STE - 890	2.3 STREET ADDRESS	Tampa, FL. 33614
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	STEINBRENNER, HENRY G	3.2 NAME	3802 Dr. MLK Blvd
STREET ADDRESS	2502 ROCKY POINT ROAD / STE - 890	3.3 STREET ADDRESS	Tampa, FL. 33614
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	STEINBRENNER, HAROLD Z	4.2 NAME	3802 Dr. MLK Blvd
STREET ADDRESS	2502 ROCKY POINT ROAD / STE - 890	4.3 STREET ADDRESS	Tampa, FL. 33614
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	STEINBRENNER, JOAN Z	5.2 NAME	3802 Dr. MLK Blvd
STREET ADDRESS	2502 ROCKY POINT ROAD / STE - 890	5.3 STREET ADDRESS	Tampa, FL. 33614
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	Swindal, Jennifer S. ☒ Change ☐ Addition
NAME	WINDAL, JENNIFER S	6.2 NAME	3802 Dr. MLK Blvd
STREET ADDRESS	2502 ROCKY POINT ROAD / STE - 890	6.3 STREET ADDRESS	Tampa, FL. 33614
CITY-ST-ZIP	TAMPA FL	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)(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: _____ 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

CR2E034 (12/95)