

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000065501 (7)

1. Corporation Name  
HERDMAN & SAKELLARIDES, P.A.



Principal Place of Business

34650 O S HWY 19 N  
#308  
PALM HARBOR FL 34684  
US

Mailing Address

34650 O S HWY 19 N  
#308  
PALM HARBOR FL 34684  
US

2. Principal Place of Business

21 2595 Tampa Road  
Suite, Apt. #, etc.

22 Suite J  
City & State

23 Palm Harbor, FL  
Zip

24 34684 25 USA

2a. Mailing Address

26 2595 Tampa Road  
Suite, Apt. #, etc.

27 Suite J  
City & State

28 Palm Harbor, FL  
Zip

29 34684 30 USA

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

02/23/1996

4. FEI Number

59-3197567

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

9. Name and Address of Current Registered Agent

SAKELLARIDES, JOHN M  
34650 O S HWY 19 N  
#308  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

John M. Sakellarides

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

2595 Tampa Road

83

Suite J

84

Palm Harbor

FL

85

Zip Code 34684

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 *John M. Sakellarides*

(NOTE: Registered Agent signature required when reinstating)

1-13-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME HERDMAN, MARK S  
STREET ADDRESS 34650 U.S. HWY. 19 N.  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VSD ☐ DELETE

NAME SAKELLARIDES, JOHN M  
STREET ADDRESS 34650 U.S. HWY. 19 N.  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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 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:

*John M. Sakellarides*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

(813) 785-1228

Date

Daytime Phone #

CR2E034 (9/96)