

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000066255 (9)

1. Corporation Name

AWAD & ASSOCIATES, INC.

Principal Place of Business

880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716

Mailing Address

880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1993

4. FEI Number

65-0444699

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. FILED BY PARENT

10. Name and Address of New Registered Agent COMPANY

9. Name and Address of Current Registered Agent

PIPPINGER, LYNN  
880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME AWAD JAMES D  
STREET ADDRESS 880 CARILLON PARKWAY  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME JAMES, THOMAS A  
STREET ADDRESS 880 CARILLON PARKWAY  
CITY - ST - ZIP ST. PETERSBURG FL 33716

TITLE TD ☐ DELETE

NAME JULIEN, JEFFREY P  
STREET ADDRESS 880 CARILLON PARKWAY  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE VD ☐ DELETE

NAME VERU, DENNISON T  
STREET ADDRESS 880 CARILLON PARKWAY  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE S ☐ DELETE

NAME PIPPINGER, LYNN  
STREET ADDRESS 880 CARILLON PARKWAY  
CITY - ST - ZIP ST. PETERSBURG FL

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey P. Julien

4/14/98

813-573-3800

CR2E034 (10/97)