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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:44

DOCUMENT # **P93000070365 (0)**

1. Corporation Name
COLUMBUS CIRCLE VENTURE, INC.

Principal Place of Business	Mailing Address
1325 LAKELAND HILLS BLVD LAKELAND FL 33805	P.O. BOX 90249 LAKELAND FL 33804-0249

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1993	03/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3209459 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEINBREN, DON B 101 E KENNEDY BLVD. SUITE 2800 TAMPA FL 33601	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 _____ DATE
(Signature, type or print 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	D	11 TITLE	☐ Change ☐ Addition
NAME	MURPHY, FRANK P	12 NAME	
STREET ADDRESS	1325 LAKELAND HILLS BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VON PALESKE, HORST	22 NAME	
STREET ADDRESS	1325 LAKELAND HILLS BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PEACOCK, JOHN M	32 NAME	
STREET ADDRESS	1325 LAKELAND HILLS BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BERTRAM, FRANK W	42 NAME	
STREET ADDRESS	1325 LAKELAND HILLS BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HOUGH, JAMES N	52 NAME	
STREET ADDRESS	600 EL PASEO	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	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 (We) hereby certify that the information contained herein 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 report or supplemental 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 with an indication that I am a new officer or director.

SIGNATURE: John M. Peacock, M.D. President 3-9-95 (813)688-8401
(Name and title of individual signing) (Date) (Daytime Phone #)

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