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Feb 21 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 # P93000076157 (5)

1. Corporation Name
AMBLER & ENGLAND, P.A.

Principal Place of Business

ONE TAMPA CITY CENTER, SUITE 2250
2505
TAMPA FL 33602
US

Mailing Address

P.O. BOX 2920
TAMPA FL 33601-2920

3. Date Incorporated or Qualified
10/28/1993

3a. Date of Last Report
06/10/1996

2. Principal Place of Business

21 111 E. Madison St

2a. Mailing Address

26 111 E. Madison St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1100 (Park Tower)

27 Suite 1100 (Park Tower)

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Country

Zip

Country

24 33602

25 USA

29 33602

30 USA

9. Name and Address of Current Registered Agent

AMBLER, KEVIN C
ONE TAMPA CITY CENTER, SUITE 2505 111 E. Madison St
201 N. FRANKLIN STREET Park Tower Suite 1100
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME AMBLER, KEVIN C
STREET ADDRESS 201 N. FRANKLIN ST., SUITE 2505
CITY- ST- ZIP TAMPA FL

TITLE D
NAME ENGLAND, LYNNE L
STREET ADDRESS 201 N. FRANKLIN ST., SUITE 2505
CITY- ST- ZIP TAMPA FL

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CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director; President; Secretary ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 111 E. Madison St., Suite 1100
1.4 CITY- ST- ZIP Tampa FL 33602

2.1 TITLE Director; Treasurer ☐ 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: *Kevin C. Ambler* KEVIN C. AMBLER Pres. 1/21/97 813-275-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)