

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
MAY 10 1995

95 MAY - 1 10:31

**DOCUMENT # P93000084442 (1)**

1. Corporation Name

**ISPHERDING & WHITE, P.A.**  
*Isphording, White & Raden, P.A.*

STATE OF FLORIDA

500001493525  
-05/24/95--01081--009  
\*\*\*\*200.00 \*\*\*\*200.00

Principal Place of Business

333 SOUTH TAMiami TRAIL  
SUITE 199  
VENICE FL 34285

Mailing Address

333 SOUTH TAMiami TRAIL  
SUITE 199  
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/09/1993**  
3a. Date of Last Report: **02/16/1994**

4. FEI Number: **65-6132990**  
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 enforceable tax under S. 119(2)(b) Florida Statutes:  Yes  No

2. Principal Place of Business

21. **901 VENETIA BAY BLVD**

22. Suite Apt # etc: **110**

23. City & State: **VENICE FL**

24. ZIP: **34285**

25. Country: **USA**

2a. Mailing Address

26. **901 VENETIA BAY BLVD**

27. Suite Apt # etc: **110**

28. City & State: **VENICE FL**

29. ZIP: **34285**

30. Country: **USA**

9. Name and Address of Current Registered Agent

**ISPHERDING, R O**  
333 SO TAMiami TRAIL  
STE 199  
VENICE FL 34285

10. Name and Address of New Registered Agent

81. Name: **ROOYLE C Isphording**  
82. Street Address (P.O. Box Number is Not Acceptable): **901 VENETIA BAY BLVD STE 110**  
83. City: **VENICE** FL 85. Zip Code: **34285**

11. Pursuant to the provisions of Sections 609.02 and 609.1508, 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, thereby acting the appointment as registered agent. I am familiar with and agree to the provisions of Sections 609.02, Florida Statutes.

SIGNATURE

*R. O. Isphording*

*President*

*5-10-95*

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
12.1 NAME: <b>PT ISPHERDING, R O</b> 12.2 STREET ADDRESS: <b>333 SOUTH TAMiami TRAIL, STE. 199 VENICE FL 34285</b>	13.1 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P ISPHERDING, R.O.</b> 13.2 STREET ADDRESS: <b>901 VENETIA BAY BLVD STE 110 VENICE, FL 34285</b>
12.3 NAME: <b>VS WHITE, CLIFTON F</b> 12.4 STREET ADDRESS: <b>333 SOUTH TAMiami TRAIL, STE. 199 VENICE FL 34285</b>	13.3 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V WHITE, CLIFTON F</b> 13.4 STREET ADDRESS: <b>901 VENETIA BAY BLVD - STE 110 VENICE, FL 34285</b>
12.5 NAME: [Blank]	13.5 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TS DOWN-LEE M. RADEN</b> 13.6 STREET ADDRESS: <b>901 VENETIA BAY BLVD - STE 110 VENICE, FL 34285</b>
12.6 NAME: [Blank]	13.7 NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: [Blank]	13.8 NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME: [Blank]	13.9 NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: [Blank]	13.10 NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: [Blank]	13.11 NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME: [Blank]	13.12 NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition

**REMITTED BY MAY 1**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119(2)(b), Florida Statutes. Further, I certify that the information included 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 this corporation or the firm, or an authorized representative to execute this report as required by Chapter 609, Florida Statutes, and that my name appears in Block 12 of this report or in any attachment with an address.

SIGNATURE:

*Clifton F. White*  
CLIFTON F. WHITE  
Vice Pres.

*4-24-95*

*813-488-7735*