

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000086415 (5)**

1. Corporation Name

BONNIE L. KIRBY, C.P.A., P.A.



Principal Place of Business

**4170 SALTWATER BLVD.
TAMPA FL 33615**

Mailing Address

**4170 SALTWATER BLVD.
TAMPA FL 33615**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**KIRBY, BONNIE L
4170 SALTWATER BLVD.
TAMPA FL 33615**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/17/1993

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3215337

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 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 of the President or other officer of the corporation

Signature of Agent, if a new registered agent is being

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
NAME **KIRBY, BONNIE L**
STREET ADDRESS **4170 SALTWATER BLVD.**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 '96

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bonnie L Kirby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BONNIE L. KIRBY, PRESIDENT

3/20/96 (813) 882-8000
DATE OF FILING

CR2E034 (12/95)