

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

DOCUMENT # P93000087473 (3)

1. Corporation Name

PRITCHARD, HUBBLE & HERR, INC.

FILED
95 JAN 25 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

150 2ND AVE. NORTH
SUITE 800
ST. PETERSBURG FL 33701

Mailing Address

150 2ND AVE. NORTH
SUITE 800
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1993

3a. Date of Last Report

02/23/1994

4. FEI Number

59-3220318

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERR, KENT R
150 2ND AVE., N.
STE. 800
ST. PETERSBURG FL 33701

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PRITCHARD, HOWARD M
STREET ADDRESS 150 2ND AVE. NORTH, SUITE 800
CITY-ST-ZIP ST. PETERSBURG FL 33701

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HERR, KENT R
STREET ADDRESS 150 2ND AVE. NORTH, SUITE 800
CITY-ST-ZIP ST. PETERSBURG FL 33701

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HUBBLE, WILLIAM F
STREET ADDRESS 8100 LOMO ALTO DR., SUITE 222
CITY-ST-ZIP DALLAS TX 75225

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ULRICH, G. KURTIS
STREET ADDRESS 150 2ND AVE. NORTH, SUITE 800
CITY-ST-ZIP ST. PETERSBURG FL 33701

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HELD, ROBERT S
STREET ADDRESS 3142 REDWOOD CT.
CITY-ST-ZIP FLOSSMOOR IL 60422-2287

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DOLAN, J. KEVIN
STREET ADDRESS 6130 PADDOCK LANE
CITY-ST-ZIP CUMMING GA 30130

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1/20/95
Date

813-898-1500
Typed Name