

**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 # P94000014172 (8)

1. Corporation Name

FULLER, SWINDLE & HOLSONBACK, P.A.



Principal Place of Business

Mailing Address

100 N. TAMPA ST  
STE 2650  
TAMPA FL 33602  
US

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STE 2650  
TAMPA FL 33602  
US

3. Date Incorporated or Qualified  
02/14/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3227027

Applied For  
Not Applicable

21 State, Apt. #, etc

26 State, Apt. #, etc

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULLER, JEFFERY M  
100 N. TAMPA STREET  
SUITE 2650  
TAMPA FL 33602

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 officer 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 person assuming the registered agent position (Type name)

Signature of Registered Agent (Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLER, JEFFERY M	
STREET ADDRESS	4611 ACKERLY WAY	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLSONBACK, JOHN P	
STREET ADDRESS	2414 OAK LANDING DRIVE	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWINDLE, WILLIAM R	
STREET ADDRESS	4519 AZEELE STREET	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 this 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:

*Jeffery M. Fuller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

813-229-9119  
Daytime Phone #

CR2E034 (12/95)