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Feb 03 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 # P94000027120 (2)

1. Corporation Name

BRICKLEMYER SMOLKER & BOLVES, P.A.

Principal Place of Business

111 E. MADISON ST.  
SUITE 2400  
TAMPA FL 33602

Mailing Address

111 E. MADISON ST.  
SUITE 2400  
TAMPA FL 33602-4706

3. Date Incorporated or Qualified  
04/08/1994

3a. Date of Last Report  
04/16/1996

2. Principal Place of Business

21 400 N. TAMPA ST.

Suite, Apt. #, etc.

22 SAME

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 400 N. TAMPA ST.

Suite, Apt. #, etc.

27 SAME

28 City & State

29 Zip

Country

30

4. FEI Number

59-3235282

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

9. Name and Address of Current Registered Agent

BRICKLEMYER, KEITH W  
111 E. MADISON ST.  
SUITE 2400  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

400 N. TAMPA ST.

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 ☐ DELETE

NAME D BOLVES, BRIAN A  
STREET ADDRESS 111 E. MADISON ST., SUITE 2400  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME D BRICKLEMYER, KEITH W  
STREET ADDRESS 111 E. MADISON ST., SUITE 2400  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME D SMOLKER, DAVID  
STREET ADDRESS 111 E. MADISON ST., SUITE 2400  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME D BARTLETT, JAY J  
STREET ADDRESS 111 E. MADISON ST., SUITE 2400  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME D KELLEY, ROBERT E  
STREET ADDRESS 111 E. MADISON ST., SUITE 2400  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☒ DELETE

NAME D EICHOLTZ, KIRK D  
STREET ADDRESS 111 E. MADISON ST., SUITE 2400  
CITY-ST-ZIP TAMPA FL 33602

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

Date

(813) 223-3888

Daytime Phone #

0353421

CR2E034 (9/96)