

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

~~400 N TAMPA ST~~
~~SUITE 2400~~
TAMPA FL 33602
US

~~400 N TAMPA ST~~
~~SUITE 2400~~
TAMPA FL 33602
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21. 500 E. KENNEDY BLVD.

Suite, Apt. #, etc.

22. SUITE 200

City & State

23. (SAME)

Zip

24. Country

2a. Mailing Address

26. 500 E. KENNEDY BLVD.

Suite, Apt. #, etc.

27. SUITE 200

City & State

28. (SAME)

Zip

29. Country

9. Name and Address of Current Registered Agent

BRICKLEMYER, KEITH W
400 N TAMPA 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)

500 E. KENNEDY BLVD.

83.

SUITE 200

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

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 500 E. KENNEDY BLVD., SUITE 200
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 500 E. KENNEDY BLVD., SUITE 200
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 500 E. KENNEDY BLVD., SUITE 200
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 500 E. KENNEDY BLVD., SUITE 200
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 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 in an attachment with an address.

SIGNATURE:

[Signature]

KEITH W. BRICKLEMYER

(813) 223-3888

CR2E034 (10/97)