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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000027154 (1)

SAMUEL R. RICHARDSON PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address		
IS20 ALLENTON AVENUE BRANDON FL 33511	1520 ALLENTON AVENUE BRANDON FL 33511-1804		
¬ '	2a. Mailing Address		
2. Principal Place of Business 11 Suite, Apt. #. etc.			

FILED Mar 14 1997 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 4. FLI Number 2. Spanson 1. Principal Place of Business 2. Mailing Address 4. FLI Number 2. Spanson 1. Principal Place of Business 2. Suito, Apr. 6. otc. 5. Certificate of Status Dosrod 5. Ref. Ref. Reg. 2. Suito, Apr. 6. otc. 5. Certificate of Status Dosrod 5. Ref. Reg. Reg. 2. Suito, Apr. 6. otc. 5. Certificate of Status Dosrod 5. Ref. Reg. Reg. 2. Suito, Apr. 6. otc. 5. Certificate of Status Dosrod 5. Ref. Reg. Reg. 2. Suito, Apr. 6. otc. 5. Certificate of Status Dosrod 5. Ref. Reg. Reg. 2. Suito, Apr. 6. otc. 5. Certificate of Status Dosrod 5. Ref. Reg. 2. Suito, Apr. 6. otc. 5. Certificate of Status Dosrod 5. Reg. 2. Suito 6. Election Compaign Financing 5. 5.00 M. Trust Fund Comhobition 5. Reg. 2. Suito 6. Election Compaign Financing 5. 5.00 M. Trust Fund Comhobition 5. Reg. 2. Suito 6. Re			DUNINDON LE 00011-1004	30311	BRANDON FL
Suite, Apt. #. etc.					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$8,75 Add Foo Registered City & State	[[:]:]:	2a. Mailing Address		lace of Business	2. Principal P
City & State Ci	59-3232848 Not Applicable	26			
22 25 29 30	5. Certificate of Status Desirod See Required Fee Required	}		#, etc.	
Zip Country Zip Country Zip Country Zip	3. Election Campaign Financing\$5.00 May Be			0	· ·
24					
10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 1520 ALLENTON AVENUE 1520 ALLENTON SINCE 1520 ALLENTON AVENUE 15	This corporation has liability for intangible tax under s. 199.032,	buntry	Zip	Country	
RICHARDSON, SAMUEL R 1520 ALLENTON AVENUE BRANDON FL 33511 82 Street Address (P.O. Box Numbe) is Not Acceptable) 83 Name 84 City					24
SIGNATURE PRICHARDSON, SAMUEL R STREET ADDRESS BRANDON FL STREET ADDRE). Name and Address of New Registered Agent		gistered Agent		
BRANDON FL 33511 64 City FL 85 Zip Co		81 Name			
BRANDON FL 33511 83	(P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, florida Statutes, the above-named corporation submits this statement for the propose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horder accept the appointment as reagent, a million of registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horder accept the appointment as reagent, a million of registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horder accept the appointment as reagent agent, a million of registered agent, and accept the obligations of, Section 607.0505, Florida Statutes Signature Signature Signature Signature by order printed name of registered agent, and accept the appointment as reagent agent agent and accept the appointment as reagent agent. I all the corporation's board of directors. I horder agent age	The state of the s			INDON FL 33511	BRA
11. Pursuant to the provisions of Socilons 607.0502 and 607.1508; florida Statutes, the above-named corporation submits this statement for the purpose of changing its ragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Speakure Speakure		83			
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 roffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Sign	Fi 85 Zip Code	84 City			
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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature	ion submits this statement for the nurrose of changing its registerers	above-named co	d 607 1508. Florida Statutes, II	to the provisions of Sections 607 0502 a	11. Pursuant
12.	board of directors. I hereby accept the appointment as registered	ed by the corporatutes.	orida. Such change was autho s of, Section 607.0505, Florida	egistered agent, or both, in the State of m familiar with, and accept the obligation	office or r agent. Le
12. OFFICERS AND DIRECTORS TITLE DP	en teinstatung) DATE	red Agent signature req	rdic il appticable (NOTE fac	Signature, typed or printed name of registeres agent a	SIGNATURE
TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				12.
STREET ADDRESS 1520 ALLENTON AVENUE 1.3 STREET ADDRESS 1.4 CITY - 5T - 2IP		TITLE	☐ DELETE	DP	TITLE
STREET ADDRESS 1520 ALLENTON AVENUE 1.3 STREET ADDRESS 1.4 CITY - 5T - 2IP		NAME:		RICHARDSON, SAMUEL R	NAME
CITY-ST-ZIP BRANDON FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 THLE Change NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP CHANGE TITLE DELETE 3.1 TITLE NAME 3.2 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME Change		STREET ADDRESS			STREET ADDRESS
TITLE DELETE 21 THLE Change NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change TITLE DELETE 31 TITLE NAME 32 NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME		1	•		
NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE NAME 4.7 NAME	Change Addition				
CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change NAME 32 NAME STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP CTTY-ST-ZIP CTTY-ST-ZIP </th <th></th> <th>NAME</th> <th></th> <th></th> <th>NAME</th>		NAME			NAME
CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change NAME 32 NAME STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP CTTY-ST-ZIP CTTY-ST-ZIP </th <th></th> <th>STREET ADDRESS</th> <th>1</th> <th></th> <th>STREET ADDRESS</th>		STREET ADDRESS	1		STREET ADDRESS
TITLE DELÉTE 31 TITLE Change AMME NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELÉTE 4.1 TITLE Change					
STREET ADDRESS	Change Addition				
STREET ADDRESS	•	4	L. Company		
CITY-ST-ZIP 34.CITY-S1-ZIP TITLE DELETE 4.1 THLE Change NAME 4.2 NAME Change		1			
TITLE DELETE 4.1 HTLE Change NAME 4.2 NAME					
	Change Addition				
	•	NAME	Ī		NAME
STREET ADDRESS 4 3 SINFET ADDRESS					
CITY-ST-ZIP 4.4 CITY-ST-ZIP		1	4		
	Change Addition				
NAME 5.2 NAME			1		
STREET ADDRESS 53 STHEET ADDRESS		STREET ADDRESS	1		
CITY-ST-ZIP 54 CITY-ST-ZIP		l l			
The state of the s	Change Addition				
NAME 62 NAME		Į			
STATET ADDRESS 6.3 STATET ADDRESS			i		
GITY-S1-ZIP 6.4 CITY-S1-ZIP		1			
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	ection 119.07(3)(i), Florida Statutes. I further certify that the			ov certify that the information supplied w	

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.

10001111 7702