

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

FILED

Mar 12 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 # P94000053071 (4)

1. Corporation Name  
HARRELL, OSTOW, HIGGINS & KEANE, P.A.

Principal Place of Business  
100 SECOND AVE S  
12TH FLOOR  
ST PETERSBURG FL 33701

Mailing Address  
100 SECOND AVE S  
12TH FLOOR  
ST PETERSBURG FL 33701-4360



2. Principal Place of Business

21. State Apt. # etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. State Apt. #, etc.

28. City & State

29. Zip

30. Country

3. Date Incorporated or Qualified

07/11/1994

3a. Date of Last Report

02/21/1996

4. FEI Number

59-3254954

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

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

DUPRE, STEVEN C.  
200 CENTRAL AVE, STE 2300  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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 of person for printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HARRELL, ROY G. JR  
STREET ADDRESS PO BOX 2861  
CITY-ST-ZIP ST PETERSBURG FL

TITLE VD  
NAME OSTOW, MICHAEL S.  
STREET ADDRESS 3637 4TH ST N, STE 200  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE PD  
NAME DUPRE, STEVEN C.  
STREET ADDRESS PO BOX 2861  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D  
NAME KEANE, MICHAEL J. KEANE  
STREET ADDRESS PO BOX 150  
CITY-ST-ZIP ST PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 200 CENTRAL AVE, STE 2300  
1.4 CITY-ST-ZIP St. Petersburg, FL 33701

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 DUPRE, STEVEN C.  
3.3 STREET ADDRESS 200 CENTRAL AVE, STE 2300  
3.4 CITY-ST-ZIP St. Petersburg, FL 33701

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME KEANE, MICHAEL J.  
4.3 STREET ADDRESS 100 2ND AVE No, Suite 1201  
4.4 CITY-ST-ZIP St. Petersburg, FL 33701

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

2/14/97 813 824-7000

Date

Daytime Phone #

CR2E034 (9/96)