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FILED  
Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Ham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000055460 (7)

1. Corporation Name

JOHN S. CROMPTON, P.A.

Principal Place of Business

4105 N HIMES AVENUE  
TAMPA FL 33607

Mailing Address

4105 N HIMES AVENUE  
TAMPA FL 33607-6808

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

03/12/1996

4. FEI Number

59-3259244

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CROMPTON, JOHN S  
4105 N HIMES AVENUE  
TAMPA FL 33607

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, a 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE 0  
NAME CROMPTON, JOHN S  
STREET ADDRESS 4105 N HIMES AVENUE  
CITY - ST - ZIP TAMPA FL 33607

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME ☐ Change ☐ Addition

7.3 STREET ADDRESS ☐ Change ☐ Addition

7.4 CITY - ST - ZIP ☐ Change ☐ Addition

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME ☐ Change ☐ Addition

8.3 STREET ADDRESS ☐ Change ☐ Addition

8.4 CITY - ST - ZIP ☐ Change ☐ Addition

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME ☐ Change ☐ Addition

9.3 STREET ADDRESS ☐ Change ☐ Addition

9.4 CITY - ST - ZIP ☐ Change ☐ Addition

10.1 TITLE ☐ Change ☐ Addition

10.2 NAME ☐ Change ☐ Addition

10.3 STREET ADDRESS ☐ Change ☐ Addition

10.4 CITY - ST - ZIP ☐ Change ☐ Addition

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: *John S. Crompton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)