

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000065370 (6)

1. Corporation Name

EARLE & KILGORE, P.A.



Principal Place of Business

~~696 FIRST AVE N
SUITE 305
ST PETERSBURG FL 33701~~

Mailing Address

~~696 FIRST AVE N
SUITE 305
ST PETERSBURG FL 33701~~

2. Principal Place of Business

21 3135 State Rd 580

Suite, Apt. #, etc.

22 # 8

City & State

23 Safety Harbor, Fla

Zip

24 34695

Country

25 P. Rappas

2a. Mailing Address

26

Suite, Apt. #, etc.

27 Same

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

03/03/1995

4. FEI Number

59-3266668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

KILGORE, SIDNEY W
1107 MYRTLE AVE S
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

Wm Kevin Kilgore

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

3135 State Road 580 # 8

83

84 City

Safety Harbor

FL

85 Zip Code

34695

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]

(NOTE: Registered Agent Signature required when appointing)

4/10/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KILGORE, WILLIAM K
STREET ADDRESS 696 FIRST AVE N SUITE 305
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3135 State Rd 580 # 8

Safety Harbor, Fla 34695

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Daytime Phone #

CR2E034 (12/95)