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May 06 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 # P95000038838 (5)

1. Corporation Name

~~BOBENHAUSEN & TORRIE, P.A.~~  
GALE M. BOBENHAUSEN, P.A.

Principal Place of Business

10220 US HWY 19  
SUITE 300  
PORT RICHEY FL 34668  
US

Mailing Address

P.O. BOX 219  
PORT RICHEY FL 34673-0219  
US



2. Principal Place of Business

21 30 Bishop Creek Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 666  
Suite, Apt. #, etc.

22 City & State

23 Safety Harbor, FL  
Zip

24 34695

Country

25 Pinellas

27 City & State

28 Safety Harbor, FL  
Zip

29 34695

Country

30 Pinellas

3. Date Incorporated or Qualified

05/16/1995

3a. Date of Last Report

02/14/1996

4. FEI Number

59-3314118

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

9. Name and Address of Current Registered Agent

BOBENHAUSEN, GALE M  
30 BISHOP CREEK RD.  
SAFETY HARBOR FL 34695

GALE  
DRIVE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BOBENHAUSEN, GALE M  
STREET ADDRESS 30 BISHOP CREEK RD. DRIVE  
CITY - ST - ZIP SAFETY HARBOR FL 34695

TITLE D ☒ DELETE  
NAME TORRIE, SCOTT  
STREET ADDRESS 503 MARIVA AVENUE  
CITY - ST - ZIP CLEARWATER FL 34615

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
← See correction - "Drive"

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  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
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 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:

Gale M. Bobenhausen, P.A. 4/29/97 813-292-6693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-80477

CR2E034 (9/96)