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Mar 07 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 # P95000053633 (0)

1. Corporation Name
CFO FINANCIAL SERVICES, INC.



Principal Place of Business

4200 W. CYPRESS STREET
SUITE 800
TAMPA FL 33607

Mailing Address

4200 W. CYPRESS STREET
SUITE 800
TAMPA FL 33607-4188

3. Date Incorporated or Qualified
07/12/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 100 N. Tampa Street

Suite, Apt #, etc.

22 Suite 2150

City & State

23 Tampa, Florida

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 100 N. Tampa Street

Suite, Apt #, etc.

27 Suite 2150

City & State

28 Tampa, Florida

Zip

29 33602

Country

30 USA

4. FEI Number

59-3341495

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

CONROY, MICHAEL P
4200 W. CYPRESS STREET
SUITE 800
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

Conroy, Michael P

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

100 N. Tampa Street

83

Suite 2150

84 City

Tampa

FL

85 Zip Code

33602

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

3/3/97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME TAPELLA, WILLIAM
STREET ADDRESS 4200 W. CYPRESS STREET, SUITE 800
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE
NAME WURDEMAN, JAMES E
STREET ADDRESS 4200 W. CYPRESS STREET, SUITE 800
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE
NAME CONROY, MICHAEL P
STREET ADDRESS 4200 W. CYPRESS STREET, SUITE 800
CITY-ST-ZIP TAMPA FL 33607

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Wurdeman, James E
2.3 STREET ADDRESS 100 N. Tampa Street, Suite 2150
2.4 CITY-ST-ZIP Tampa FL 33602

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Conroy, Michael P
3.3 STREET ADDRESS 100 N. Tampa Street, Suite 2150
3.4 CITY-ST-ZIP Tampa FL 33602

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Conroy

Date

Daytime Phone #

CR2E034 (9/96)