FILE NOW: FILING FEE AFTER MAY 1 IS

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Jul 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 # P96000015695

1. Corporation Name

TAYLOR & SWOPE, P.A.

Principal Place of Business / Mailing Address

101 East Kennedy Blvd.,
Suite 4170
Tampa, Florida 33602

3. Date Incorporated or Qualified: 2-20-96
3a. Date of Last ...: N/A

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: 59-3354887

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 ... Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Dale M. Swope
777 South Harbour, Suite 850
Tampa, FL 33602

10. Name and Address of New Registered Agent

81 Name: Dale M. Swope
82 Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Boulevard
83 Suite 4170
84 City: Tampa **FL** 85 Zip: 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 ... 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 ... agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DALE M. SWOPE — DATE: 7/1/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P/T/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Add
NAME	Phillip H. Taylor		1.2 NAME		
STREET ADDRESS	101 East Kennedy Blvd., Suite 4170		1.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33602		1.4 CITY-ST-ZIP		
TITLE	VP/S/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Add
NAME	Dale M. Swope		2.2 NAME		
STREET ADDRESS	101 East Kennedy Blvd., Suite 4170		2.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33602		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Add
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Add
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***550.00

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)(i), F.S. 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 ... 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 ...; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 6-18-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR