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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026982 (4)

RICHARD PRIEST SALES, INC.

Principal Place of Business Mailing Address 118 S. HOWARD AVENUE 118 S. HOWARD AVENUE TAMPA FL 33606-1725 TAMPA FL 33606 3a. Date of Last Report 3. Date Incorporated or Qualified 03/26/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Ζip Yes 🗌 No 30 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 309** 83 **TAMPA FL 33629 B4** City 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 (NOTE: Registered Agent signature required when reinstating) Signature hypric or princed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE PRIEST, RICHARD 1.2 NAME NAME 118 S. HOWARD AVENUE 1,3 STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CITY-ST-71P 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-\$1-ZiP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-2IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIF DELETE ☐ Change Addition 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

14. 1 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 acqual 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 recomporation or it executes are empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Bl

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 18TH, 1997 (813) 253-997

FILED

Jan 24 1997 8:00am

Secretary of State