

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 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 # P96000051545 (7)

1. Corporation Name
AGLIANO, HODGES & WHITEMORE, P.A.



Principal Place of Business
4215 CARROLLWOOD VILLAGE DRIVE
TAMPA FL 33624

Mailing Address
4215 CARROLLWOOD VILLAGE DRIVE
TAMPA FL 33624-4609

3. Date Incorporated or Qualified
06/11/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21 400 N. Tampa Street
Suite, Apt. #, etc.
22 Suite 2630
City & State
23 Tampa, Florida
Zip
24 33601

2a. Mailing Address
26 Post Office Box 190
Suite, Apt. #, etc.
27
City & State
28 Tampa, Florida
Zip
29 33601

4. FEI Number
59-3402368

5. Certificate of Status Desired Applied For
Not Applicable

6. Election Campaign Financing
Trust Fund Contribution \$8.75 Additional Fee Required
\$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

10. Name and Address of New Registered Agent

AGLIANO, JOHN J
4215 CARROLLWOOD VILLAGE DRIVE
TAMPA FL 33624

81 Name
Geoffrey Todd Hodges
82 Street Address (P.O. Box Number is Not Acceptable)
400 N. Tampa Street
83 Suite 2630
84 City
Tampa FL 85 Zip Code
33602

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *Geoffrey Todd Hodges* Geoffrey Todd Hodges - Treasurer April 3, 1997
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AGLIANO, JOHN J		1.2 NAME John J. Agliano	
STREET ADDRESS 4215 CARROLLWOOD VILLAGE DRIVE		1.3 STREET ADDRESS 400 N. Tampa Street, Suite 2630	
CITY-ST-ZIP TAMPA FL 33624		1.4 CITY-ST-ZIP Tampa, Florida 33602	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Geoffrey Todd Hodges	
STREET ADDRESS		2.3 STREET ADDRESS 400 N. Tampa Street, Suite 2630	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Tampa, Florida 33602	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Donald H. Whittemore	
STREET ADDRESS		3.3 STREET ADDRESS 400 N. Tampa Street, Suite 2630	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Tampa, Florida 33602	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplementary 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 registered agent 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: *Geoffrey Todd Hodges* Geoffrey Todd Hodges - Treasurer 4/3/97 813-225-1515
Date Daytime Phone #

CR2E034 (9/96)