

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000083779 (4)

1. Corporation Name
LAWGROUP, P.A.

Principal Place of Business

712 S OREGON ST
TAMPA FL 33606
US

Mailing Address

712 S OREGON STREET
TAMPA FL 33606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

59-3409054

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 112 S. Magnolia Ave

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

24 33606

Country

25 USA

2a. Mailing Address

26 112 S. Magnolia Ave

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

Zip

29 33606

Country

30 USA

9. Name and Address of Current Registered Agent

OLSON, LAURA A
712 OREGON AVENUE SOUTH
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

Laura A. Olson

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

112 South Magnolia Avenue
Tampa FL 33606

83

84 City

Tampa

FL

85 Zip Code

33606

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

Laura A. Olson

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

(NOTE: Registered Agent signature required when reinstating)

4/1/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME OLSON, LAURA A
STREET ADDRESS 712 OREGON AVENUE SOUTH
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ DELETE

NAME BEARDEN, DAVID C.
STREET ADDRESS 712 OREGON ST
CITY-ST-ZIP TAMPA FL

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 ☒ Change ☐ Addition

1.2 NAME Laura A. Olson
1.3 STREET ADDRESS 112 S. Magnolia Ave
1.4 CITY-ST-ZIP Tampa FL 33606

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Director
2.3 STREET ADDRESS 112 S. Magnolia Ave
2.4 CITY-ST-ZIP Tampa FL 33606

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME W. F. "Casey" Ebsary, Jr.
3.3 STREET ADDRESS 112 S. Magnolia Ave
3.4 CITY-ST-ZIP Tampa FL 33606

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 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 in an attachment with an address.

SIGNATURE:

David C. Bearden

3/2/98

813-253-3073

CR2E034 (10/97)