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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000054022 (3)

FILED
Jan 29 1998 8:00am
Secretary of State

SMITH, CLARK, DELESIE, BIERLEY, MUELLER & KADYK, P.A. Principal Place of Business Mailing Address 100 NORTH TAMPA STREET 100 NORTH TAMPA STREET **SUITE 2120 SUITE 2120** DO NOT WRITE IN THIS SPACE **TAMPA FL 33602 TAMPA FL 33602** 3. Date Incorporated or Qualified 06/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59- 3453830 121 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ΠÑο 24 25 30 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH, H. VANCE 100 NORTH TAMPA STREET Street Address (P.O. Box Number is Not Acceptable) SUTIE)2120 TAMPA FL 33602 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature requ 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE D - 5 DIRECTUR-PRESIDENT TITLE 1.1 TITLE Change H. VAWCE SMITH CLARK, ROBERT W 12 NAME NAME 100 NTAMPA ST SVITE 2120 100 N. TAMPA ST., STE. 2120 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33602 TAMPAFL 336VZ CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change TITLE 2.1 TITLE \_\_\_ Addition NAME BIERLEY, JOHN C 2.2 NAME 100 N. TAMPA ST., STE. 2120 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33602 CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DELESIE, JAMES C SR. NAME 3.2 NAME 100 N. TAMPA ST., STE. 2120 STREET ADDRESS 3.3 STREET ADORESS TAMPA FL 33602 3.4. GITY-ST-ZIP CITY - ST - ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition DELESIE, J. CRAIG JR. 100 N. TAMPA ST., STE, 2120 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 4,4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME KADYK, D. JAMES 5.2 NAME 100 N. TAMPA ST., STE. 2120 STREET AODRESS 5.3 STREET ADDRESS TAMPA FL 33602 CITY-ST-ZIP 5.4 City-ST-ZIP DELETE Addition 6.1 TITLE ☐ Change TITLE NAME MUELLER, JOHN H 6.2 NAME STREET ADDRESS 100 N. TAMPA ST., STE. 2120 6.3 STREET ADDRESS TAMPA FL 33602 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not coality 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 orderation 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 chapter 607 an apacomment with an address of the coality of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

ELRUBERT IN CLANK 1/7/98 (813)226-1880

**CR2E034**