

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 JUL 25 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S00551 (9)**

1. Corporation Name  
**BIRDSALL TAMPA, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**% CADWALADER, WICKERSHAM & TAFT  
440 ROYAL PALM WAY, STE. 300  
PALM BEACH FL 33480**

3. Date Incorporated or Qualified **09/18/1990** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0229574** Applied For  Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country 29 Zip Country 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CHOPIN, FRANK L.  
440 ROYAL PALM WAY  
S300  
PALM BEACH FL 33480**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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**

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>AS</b>
NAME	<b>CHOPIN, L. FRANK</b>
STREET ADDRESS	<b>440 ROYAL PALM WAY</b>
CITY - ST - ZIP	<b>PALM BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>BIRDSALL, JOHN H.</b>
STREET ADDRESS	<b>440 ROYAL PALM WAY</b>
CITY - ST - ZIP	<b>PALM BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>BIRDSALL, JENNIE D.</b>
STREET ADDRESS	<b>440 ROYAL PALM WAY</b>
CITY - ST - ZIP	<b>PALM BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>John H. Birdsall III</b>
1.3 STREET ADDRESS	<b>253 Esplanade Way</b>
1.4 CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>L. Frank Chopin</b>
2.3 STREET ADDRESS	<b>440 Royal Palm Way; Suite 200</b>
2.4 CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 person 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, and appears on an attachment with an address.

**SIGNATURE:**

*[Handwritten Signature]*  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/95**  
Date

Printed Name

CR2E034 (3/95)