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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 20 PM 4:49

DO NOT WRITE IN THIS SPACE

DOCUMENT # **S20490** **(6)**

1. Corporation Name
ECHEVARRIA, KEMMERLE & RUFF, P.A.

Principal Place of Business
601 BAYSHORE BOULEVARD
SUITE 750
TAMPA FL 33606

Mailing Address
601 BAYSHORE BOULEVARD
SUITE 750
TAMPA FL 33606

3. Date Incorporated or Qualified: 01/01/1991
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 Country — 25 / 30

4. FEI Number: 59-3049041 — Applied For ☐ Not Applicable ☐

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

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.019 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ECHEVARRIA, MICHAEL J.
601 BAYSHORE BLVD
STE 750
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name
82 [illegible] (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: [illegible] (DATE)

12. OFFICERS AND DIRECTORS		13.	
11 TITLE	DP	11 TITLE	☐ Change ☐ Addition
12 NAME	ECHEVARRIA, MICHEAL J.	12 NAME	
13 STREET ADDRESS	3108 OAKLYN AVE	13 STREET ADDRESS	
14 CITY, ST, ZIP	TAMPA FL	14 CITY, ST, ZIP	
21 TITLE	DV	21 TITLE	Director, Vice President, Secretary ☑ Change ☐ Addition
22 NAME	KEMMERLE, TONT L.	22 NAME	Kemmerle, Toni L.
23 STREET ADDRESS	1206 HARATIO ST.	23 STREET ADDRESS	1206 Horatio St.
24 CITY, ST, ZIP	TAMPA FL	24 CITY, ST, ZIP	Tampa, FL 33606
31 TITLE	DS	31 TITLE	☐ Change ☐ Addition
32 NAME	RUFF, NORMA CARR	32 NAME	Delete this officer/director
33 STREET ADDRESS	3623 WEST GRANADA ST	33 STREET ADDRESS	
34 CITY, ST, ZIP	TAMPA FL	34 CITY, ST, ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	600001546056
43 STREET ADDRESS		43 STREET ADDRESS	-07/25/95--01125--013
44 CITY, ST, ZIP		44 CITY, ST, ZIP	****225.00 ****225.00
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	SSS 7/20/95
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 on an attachment with an address.

SIGNATURE: [illegible] 7/18/95 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (3/95)

0000028 CP