

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S68612** (8)

1. Corporation Name
AUSTIN, LEY, ROE, PATSKO & SWAIN, P.A.



Principal Place of Business: **PO BOX 2151 TAMPA FL 33601**
Mailing Address: **PO BOX 2151 TAMPA FL 33601**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	07/25/1991	01/18/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-3071095	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. Name LEY, PAUL D.		81. Name LEY, PAUL D.	
82. Street Address (P.O. Box Number is Not Acceptable) 9600 LEDGER BLVD #203 ST PETERSBURG FL 33702		82. Street Address (P.O. Box Number is Not Acceptable) 9600 KOGER BOULEVARD SUITE 203	
84. City		85. City	85. Zip Code
		ST. PETERSBURG, FL	33702

11. Pursuant to the provisions of Sections 607.0609 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 607.0609, Florida Statutes.

SIGNATURE _____ DATE _____
Signature and typed name of officer or director (if applicable) (If 2011 Registered Agent Signature required when re-electing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	AUSTIN, BRUCE D.	1.2 NAME	AUSTIN, BRUCE D.
3. STREET ADDRESS	260 BELLEAIR DR NE	1.3 STREET ADDRESS	260 BELLEAIR DRIVE NE
4. CITY-STATE-ZIP	ST PETERSBURG FL	1.4 CITY-STATE-ZIP	ST. PETERSBURG, FL
5. TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	LEY, PAUL D.	2.2 NAME	LEY, PAUL D.
7. STREET ADDRESS	1107 FLUSHING AVE	2.3 STREET ADDRESS	1107 FLUSHING AVENUE
8. CITY-STATE-ZIP	CLEARWATER FL	2.4 CITY-STATE-ZIP	CLEARWATER, FL
9. TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	ROE, MICHAEL A.	3.2 NAME	ROE, MICHAEL A.
11. STREET ADDRESS	10406 TARA DR	3.3 STREET ADDRESS	POST OFFICE BOX 2131
12. CITY-STATE-ZIP	RIVERVIEW FL	3.4 CITY-STATE-ZIP	TAMPA, FL 33601-2131
13. TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	PATSKO, JOSEPH T.	4.2 NAME	PATSKO, JOSEPH T.
15. STREET ADDRESS	19210 SUNLAKE BLVD	4.3 STREET ADDRESS	POST OFFICE BOX 1882
16. CITY-STATE-ZIP	LUTZ FL	4.4 CITY-STATE-ZIP	TAMPA, FL 33601-1882
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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 member 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 addendum with an address.

SIGNATURE: **JOSEPH T. PATSKO, TREASURER/DIRECTOR** 2/2/96 (813)254-2572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)