MAILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN -5 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S68612 (8)

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1991

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

4. FEI Number: 59-3071095 ☐ 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

9. Name and Address of Current Registered Agent

LEY, PAUL D.
9600 KOGER BOULEVARD
SUITE 203
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	AUSTIN, BRUCE D.		1.2 NAME	AUSTIN, BRUCE D.	
STREET ADDRESS	260 BELLEAIR DR NE		1.3 STREET ADDRESS	260 BELLEAIR DR NE	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL.	
TITLE	PD	☐ DELETE	2.1 TITLE	V. PRESIDENT	☑ Change ☐ Addition
NAME	LEY, PAUL D.		2.2 NAME	LEY, PAUL D.	
STREET ADDRESS	1107 FLUSHING AVE		2.3 STREET ADDRESS	1107 FLUSHING AVE	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	CLEARWATER, FL.	
TITLE	VD	☐ DELETE	3.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	ROE, MICHAEL A.		3.2 NAME	ROE, MICHAEL A.	
STREET ADDRESS	~~POST OFFICE BOX 2131~~ 300 S. Hyde Park Ave.		3.3 STREET ADDRESS	~~P.O. Box 2131~~ 300 S. Hyde Park Ave.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL.	
TITLE	TD	☐ DELETE	4.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	PATSKO, JOSEPH T.		4.2 NAME	PATSKO, JOSEPH T.	
STREET ADDRESS	~~POST OFFICE BOX 1882~~ 300 S. Hyde Park Ave.		4.3 STREET ADDRESS	~~P.O. Box 1882~~ 300 S. Hyde Park Ave.	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL.	
TITLE		☐ DELETE	5.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME			5.2 NAME	ROBERT C. SWAIN	
STREET ADDRESS			5.3 STREET ADDRESS	2130 FAIRWAY AVE S.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

DEP. $150.00

CR2E034 (10/97)

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 on an attachment with an address.

SIGNATURE _____ 6-2-98 813-254-2571