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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # S91471 (0)

1. Corporation Name
KEENAN, HOPKINS SCHMIDT & STOWELL OF FT. MYERS, INC.



Principal Place of Business
**3919 RIGA BLVD.
TAMPA FL 33619**

Mailing Address
**3919 RIGA BLVD.
TAMPA FL 33619**

3. Date Incorporated or Qualified **10/31/1991**
3a. Date of Last Report **05/18/1995**
4. FEI Number **65-0293835**
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOPKINS, DANIEL J
3919 RIGA BLVD.
TAMPA FL 33619**

81 Name **DAVID A. STOWELL**
82 Street Address (P.O. Box Number is Not Acceptable) **3919 RIGA BLVD.**
83
84 City **TAMPA** FL 85 Zip Code **33619**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, on both of 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 607.0503, Florida Statutes.

SIGNATURE *David A. Stowell* **DAVID A. STOWELL**

05/08/96

Signature typed or printed name of registered agent in Block 9. (Do not sign if you are not the registered agent.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOPKINS, DANIEL J	
STREET ADDRESS	P.O. BOX 555308 N/A	
CITY-ST-ZIP	ORLANDO FL 32855-5308	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	STOWELL, DAVID A	
STREET ADDRESS	5816 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	KEENAN, MARK A	
STREET ADDRESS	500 PICKFORD POINT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BENARD, PAUL	
STREET ADDRESS	2824 COUNTRYSIDE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CANNON, MICHAEL R	
STREET ADDRESS	6607 HONEYBEAR COURT	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COSTELLO, PETER	
STREET ADDRESS	218 LITTLE HAMPTON CLOST	
CITY-ST-ZIP	LONGWOOD FL 32779	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARK A. KEENAN	
13 STREET ADDRESS	500 PICKFORD POINT	
14 CITY-ST-ZIP	LONGWOOD FL 32779	
21 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DAVID A. STOWELL	
23 STREET ADDRESS	5616 BAYSHORE BLVD.	
24 CITY-ST-ZIP	TAMPA FL 33611	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 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: *David A. Stowell* **DAVID A. STOWELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/96

DATE

813/628-9330

Daytime Phone #

CR2E034 (12/95)