

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norstrom  
Secretary of State  
Division of Corporations

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:16

**DOCUMENT # V00566**

**(2)**

**THOMAS E. PETIT, PH.D. LMHC, P.A.**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                               |  |                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 1. Principal Place of Business<br><b>6000 38TH AVE. NORTH<br/>ST. PETERSBURG FL 33710</b>                                                                     |  | 2a. Mailing Address<br><b>6000 38TH AVE. NORTH<br/>ST. PETERSBURG FL 33710</b> |  |
| 2. Previous Place of Business<br><b>21</b>                                                                                                                    |  | 2a. Mailing Address<br><b>26</b>                                               |  |
| 3. Date incorporated or Qualified<br><b>12/17/1991</b>                                                                                                        |  | 3a. Date of Last Report<br><b>04/18/1994</b>                                   |  |
| 4. FET Number<br><b>59-3097297</b>                                                                                                                            |  | Applied For<br>First Appointment                                               |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                  |  | <b>\$8.75 Additional Fee Required</b>                                          |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                         |  | <b>\$5.00 May Be Added to Fees</b>                                             |  |
| 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                |  |

|                                                                                                                                 |  |  |  |                                                        |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>PETIT, THOMAS E.<br/>6000 38TH AVENUE NORTH<br/>ST. PETERSBURG, 33710</b> |  |  |  | 10. Name and Address of New Registered Agent           |  |  |  |
|                                                                                                                                 |  |  |  | 01. Name                                               |  |  |  |
|                                                                                                                                 |  |  |  | 02. Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|                                                                                                                                 |  |  |  | 03.                                                    |  |  |  |
|                                                                                                                                 |  |  |  | 04. City                                               |  |  |  |
|                                                                                                                                 |  |  |  | FL 05. Zip Code                                        |  |  |  |

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(5), 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 607.05(5), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | PETIT, THOMAS E.      | 1. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 6000 38TH AVE., NORTH | 1. STREET ADDRESS                                     |                                                                   |
| CITY                       | ST. PETERSBURG FL     | 1. CITY                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PETIT, RUTHIE         | 2. NAME                                               |                                                                   |
| STREET ADDRESS             | 6000 38TH AVE., NORTH | 2. STREET ADDRESS                                     |                                                                   |
| CITY                       | ST. PETERSBURG FL     | 2. CITY                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3. NAME                                               |                                                                   |
| STREET ADDRESS             |                       | 3. STREET ADDRESS                                     |                                                                   |
| CITY                       |                       | 3. CITY                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4. NAME                                               |                                                                   |
| STREET ADDRESS             |                       | 4. STREET ADDRESS                                     |                                                                   |
| CITY                       |                       | 4. CITY                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5. NAME                                               |                                                                   |
| STREET ADDRESS             |                       | 5. STREET ADDRESS                                     |                                                                   |
| CITY                       |                       | 5. CITY                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6. NAME                                               |                                                                   |
| STREET ADDRESS             |                       | 6. STREET ADDRESS                                     |                                                                   |
| CITY                       |                       | 6. CITY                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that this statement of appointment with this filing is voluntarily furnished and that no penalty for the covering then of this statement of appointment under Florida Statutes. I further certify that this statement is submitted as the annual report or supplemental annual report, as applicable, and that my signature shall have the same legal effect as if made in person with that person in office in accordance with the applicable law. This statement is being submitted to the Secretary of State for filing and for the purpose of changing the registered office or registered agent, as applicable, and that my signature is in accordance with the applicable law.

**SIGNATURE:** *Thomas E. Petit* **Thomas E. PETIT** 1-9-95 713-345-2318