

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

|                                               |                                                                                   |                                                                                                           |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morfman<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # V12207 (9)**

1. Corporation Name  
**ELIZABETH L. HAPNER, P.A.**

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>101 SOUTH FRANKLIN STREET<br>SUITE 100<br>TAMPA FL | <b>Mailing Address</b><br>101 SOUTH FRANKLIN STREET<br>SUITE 100<br>TAMPA FL |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

**FILED**  
95 JUL 10 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/07/1992</b>                                                                                              | 3a. Date of Last Report<br><b>08/10/1994</b>           |
| 4. FEI Number<br><b>65-0312973</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                               |                                                                    |               |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------|
| 2. Principal Place of Business<br>21<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>27<br>City & State<br>28<br>Zip<br>29 | Country<br>30 |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------|

9. Name and Address of Current Registered Agent

**ROCKHILL, ELIZABETH L. HAPNER  
101 SOUTH FRANKLIN STREET  
SUITE 100  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

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

*Elizabeth L. Hapner Rockhill*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <b>D</b>                        |
| NAME            | <b>ROCKHILL, ELIZABETH L.H.</b> |
| STREET ADDRESS  | <b>101 S.FRANKLIN ST.#100</b>   |
| CITY - ST - ZIP | <b>TAMPA FL</b>                 |
| TITLE           | <b>D</b>                        |
| NAME            | <b>ROCKHILL, PAUL W.</b>        |
| STREET ADDRESS  | <b>PO BOX 272998</b>            |
| CITY - ST - ZIP | <b>TAMPA FL</b>                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - 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 118.07(3)(b), 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:

*Elizabeth L. Hapner Rockhill*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/29/95 (813) 221-1580*

DATE

Telephone #