

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Northington
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:22

DOCUMENT # V60961

(2)

1. Corporation Name

J. T. SCHROTEL, ATTORNEY, P.A.

Principal Place of Business

**8712 HICKORYWOOD LANE
TAMPA FL 33615**

Mailing Address

**8712 HICKORYWOOD LANE
TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1992

3a. Date of Last Report

01/20/1994

4. FEI Number

59-3149453

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

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHROTEL, J. T.
8712 HICKORYWOOD LANE
TAMPA FL 33615**

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 607.0502 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

(Signature of Registered Agent required when agent is not the incorporator)

(Signature of Registered Agent required when agent is not the incorporator)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01
NAME
STREET ADDRESS
CITY, ST, ZIP

**DPS
SCHROTEL, J. T.
8712 HICKORYWOOD LANE
TAMPA FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

02
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

03
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

04
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

05
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

06
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on the 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 appointed to organize 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. T. SCHROTEL

DATE

1-10-95

(813) 223-8300