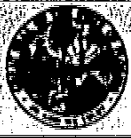


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR - 7 AM 11:29

DOCUMENT # 602309 (7)

1. Corporation Name
DRS. HOWELL, WHITEHEAD & ROBINSON, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **707 DRUID RD E STE B, 707 EAST DRUID ROAD, CLEARWATER FL 34616-0981**

Mailing Address: **707 DRUID RD E STE B, 707 EAST DRUID ROAD, CLEARWATER FL 34616-0981**

3. Date Incorporated or Qualified: **08/01/1970** 3a. Date of Last Report: **02/28/1994**

4. FEI Number: **59-1297593** Applied For: Not Applicable

5. Certificate of Status Desired: **\$9.75 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**

Suite, Apt. #, etc: **22** Suite, Apt. #, etc: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**HOWELL, HOWARD L.
707 DRUID RD.
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____ 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

V

TITLE: _____
NAME: **WHITEHEAD, B GENE**
STREET ADDRESS: **707 DRUID RD E**
CITY - ST - ZIP: **CLEARWATER, FL 00000**

P

TITLE: _____
NAME: **HOWELL, HOWARD L**
STREET ADDRESS: **707 DRUID RD E**
CITY - ST - ZIP: **CLEARWATER, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: _____ Change Addition

1.2 NAME: _____

1.3 STREET ADDRESS: _____

1.4 CITY - ST - ZIP: _____

2.1 TITLE: _____ Change Addition

2.2 NAME: _____

2.3 STREET ADDRESS: _____

2.4 CITY - ST - ZIP: _____

3.1 TITLE: _____ Change Addition

3.2 NAME: _____

3.3 STREET ADDRESS: _____

3.4 CITY - ST - ZIP: _____

4.1 TITLE: _____ Change Addition

4.2 NAME: _____

4.3 STREET ADDRESS: _____

4.4 CITY - ST - ZIP: _____

5.1 TITLE: _____ Change Addition

5.2 NAME: _____

5.3 STREET ADDRESS: _____

5.4 CITY - ST - ZIP: _____

6.1 TITLE: _____ Change 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 110.07(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 liquidator 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 in an attachment with conditions.

SIGNATURE: _____ 1/8/95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Daytime Phone #