

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600293

Entity Name: STERN, DRAKE, ISBELL & ASSOCIATES, P.A.**Current Principal Place of Business:**4516 N. ARMENIA AVE.
TAMPA, FL 33603**Current Mailing Address:**4516 N. ARMENIA AVE.
TAMPA, FL 33603 US**FEI Number:** 59-1202496**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWARTZ, PAUL
4516 N. ARMENIA AVE
TAMPA, FL 33603 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** PAUL SWARTZ

01/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STAMBO, GLENN
Address 4516 NORTH ARMANIA AVE
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name VANEPPS, KELLY
Address 4516 NORTH ARMANIA AVE
City-State-Zip: TAMPA FL 33603

Title VP
Name WOESTE, TROY
Address 4516 NORTH ARMANIA AVE
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name MANDEL, STEVEN
Address 4516 NORTH ARMANIA AVE
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name BERLET, MATTHEW
Address 4516 NORTH ARMANIA AVE
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name BABIN, DAVID
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name BELLON, LANA
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name BERNSTEIN, PETER
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL SWARTZ

PRESIDENT

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BONSACK, TIMOTHY
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name SHAUGHNESS, GEORGE
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name YOUSSEF, MICHAEL
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name NARVAEZ-SOTO, GIL
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name MONTAGUE, BRIAN
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title PRESIDENT
Name SWARTZ, PAUL
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name COTTRELL, JEFFREY
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name PANSARA, ANKIT
Address 4516 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603