

**2017 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

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name BONSACK, TIMOTHY  
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**

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MURTAGH, KEVIN  
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 MONROE, CYRUS  
Address 4516 N. ARMENIA AVE.  
City-State-Zip: TAMPA FL 33603

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