

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0025155

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90077 021 \*\*\*150.00

**DOCUMENT # 375717**

1. Corporation Name  
**BULLARD & ASSOCIATES, INC.**

Principal Place of Business

1901 MASON AVE  
SUITE 105  
DAYTONA BCH FL 32117  
US

Mailing Address

1901 MASON AVE  
SUITE 105  
DAYTONA BCH FL 32117  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1971

4. FEI Number

59-1312594

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21. 1010 Pelican Bay Dr.

Suite, Apt. #, etc.  
22. DAYTONA BEACH

City & State  
23. FL

Zip  
24. 32119

Country  
25. US

2a. Mailing Address

26. 1010 Pelican Bay Dr.

Suite, Apt. #, etc.  
27. DAYTONA BEACH

City & State  
28. FL

Zip  
29. 32119

Country  
30. US

9. Name and Address of Current Registered Agent

BULLARD, GARY E  
1901 MASON AVE., SUITE 105  
DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent

81. Name

Gary E. Bullard

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

1010 Pelican Bay Dr.

83.

84. City

DAYTONA BEACH FL

85. Zip Code

32119

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BULLARD, GARY E  
STREET ADDRESS 1901 MASON AVE., SUITE 105  
CITY-ST-ZIP DAYTONA, BCH, FL

TITLE STD ☐ DELETE

NAME BULLARD, BLANCHE A  
STREET ADDRESS 1901 MASON AVE., SUITE 105  
CITY-ST-ZIP DAYTONA, BCH, FL

TITLE D ☒ DELETE

NAME BULLARD, MARTHA J  
STREET ADDRESS 1901 MASON AVE., SUITE 105  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE VP ☒ DELETE

NAME HALL, DAVID K.  
STREET ADDRESS 1901 MASON AVE., SUITE 105  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Bullard, Gary E.  
1.3 STREET ADDRESS 1010 Pelican Bay Dr.  
1.4 CITY-ST-ZIP DAYTONA BEACH, FL 32119

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME Bullard, Blanche A.  
2.3 STREET ADDRESS 1010 Pelican Bay Dr.  
2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32119

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Blanche A. Bullard - Blanche A. Bullard 2-17-99 904-756-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)