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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 483464 1. Corporation Name

DEARDOURFF, TIMMONS & ASSOCIATES, P.A.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90099 040 ***150.00



Principal Place of Business		Mailing Address			
6420 N.W. 9TH BLVD.		6420 N.W. 9TH BLVD.			
GAINESVILLE FL 32605-4203		GAINESVILLE FL 32605-4203			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					08/26/1975
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-1614580 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country			8. This corporation owes the current year Intangible
24	25	29 30	29 30		Personal Property Tax.
	9. Name and Address of Curren				10. Name and Address of New Registered Agent
		<u> </u>	81	Name	6.41
DEAF	rdourff, Stephen L				(D. D. Al. 1. 1. N. M. A
	N.W. 9TH BLVD.		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32605			83		
- CAN	LOVIELE I C OLOGO		00		* y
			84	City	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named co	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	egistered agent, or both, in the State m familiar with, and accept the obliga				ation's board of directors. Thereby accept the appearance as a second
_	Trialina. Way and comprise cargo				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Reg	istered Age	nt signature requ	uired when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEARDOURFF, STEPHEN L	1	1.2 NAME		Í
STREET ADDRESS	6420 N.W. 9TH BLVD.		13 STREE	T ADDRESS	
1 1	GAINESVILLE FL		1.4 CITY-S		
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	1-20	Change Addition
TITLE			2.2 NAME		
NAME	TIMMONS, JOHN W.				·
STREET ADDRESS	6420 N.W. 9TH BLVD.			TADDRESS	+
CITY-ST-ZIP	- unitary reserve		2. 4 CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE 3.1		3.1 TITLE		☐ Cliange ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-5	ST- ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
			4.3 STREE	T ADDRESS	
STREET ADDRESS			4.4 CITY-S	1	
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-21	☐ Change ☐ Addition
TITLE		_ Decert	5.2 NAME	j	
NAME				T ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-5	51-ZP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITL€		☐ Change ☐ Addition
NAME			6.2 NAME	ļ	
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP	

14. Thereby 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 trusteet impowered 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.

FFICER OR DIRECTOR