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 # 642893 1. Corporation Name

RONALD F. BENNETT, P.A.

Principal Place	of Business	Mailing Address	Mailing Address						
348 E. ADAMS S	ST.	348 E. ADAMS ST.							
JACKSONVILLE FL 32202		JACKSONVILLE FL 32202			DO NOT WRITE	SINT ME	SDACE		
						3. Date Incorporated or Qualifed		<u> </u>	
						10/25/1979			
8 D4 - 1 D	and of Division and	2a. Mailing Address				4. FEI Number		Apc	lied For
	ace of Business					59-1943984			Applicable
21 Cuita Ant	# ata	Suite, Apt. #, etc.					_	\$8.75 A	
Suite, Apt.	w, etc.		27			5. Certifcate of Status Desired		Fee Rec	
City & State		City & State				6. Election Campaign Financing	_	\$5.00 N	May Re
		28			•	Trust Fund Contribution		Added to	
Zip	Country	Zip Country				8. This corporation owes the curren	nt vear Int	angible	
 1 .	25		30			Personal Property Tax.	,		□No
24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered	Agent	
3. Maille and Address of Current Registerod Agent					Name				1
BEN!	NETT, RONALD F.					(D.C. Day Number is Not Assertsh	lo)		
	E. ADAMS ST.		82			ess (P.O. Box Number is Not Acceptab	i c)		
JACK	(SONVILLE FL 32202		83						
			Ì	84	City			85 Zip C	ode
							FL	<u>a</u>	
_11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508, Florida Statute	s, the at	ove	e-named corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose ot the appoi	cnanging its i	registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statu	ites.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • •	-	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				Agen	t signature require	d when reinstating)	DATE AA	ID DIDECTO	DC IN 42
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	Change	Addition
TITLE	PST		1.1 TITLE						
NAME.	BENNETT, RONALD F		1.2 NAME						
STREET ADDRESS	348 E. ADAMS ST.				ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-		(-ZIP			☐ Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE					☐ Change	☐ Addison
NAME	BENNETT, RONALD F.		2.2 NAME						}
STREET ADDRESS	348 E. ADAMS ST.		2.3 STRE		TADDRESS				1
CITY-ST-ZIP	JACKSONVILLE FL			TY-S	ST-ZIP				F77 4 3 895
TITLE		☐ DELÉTE	3.1 TITLE					☐ Change	Addition
NAME			3.2 NAME						İ
STREET ADDRESS		3		3.3 STREET ADDRESS					ļ
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME	•		4. 2 NAME						
STREET ADDRESS			4.3 ST	REET	TADDRESS				Ì
CITY-ST-ZIP			4.4 CITY-		T-ZIP				
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	TADORESS				
CITY-ST-ZIP			5.4 CITY-		T-ZIP				
TITLE	DELETE 6.		6.1 TI	5.1 TITLE				☐ Change	☐ Addition
NAME	1		6.2 NA	WE					
expect Appress			6.3 ST	6.3 STREET ADDRESS					ĺ

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 of 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 or an attachment with an address, with all other like empowered.

FILED

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90077 027 ***150.00