Feb 27, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F60384

1. Corporation Name

| | DARBY & COMPANY, P.A | • | | | | | | | |
|---|---|--------------------------------------|--|---|---|--|----------------------------------|------------------------|--|
| Principal Place | o of Business | Mailing Address | | | | E EMMINER ON BIRE RESERVIS | ı taiti atal atalı a | SASS DIGIT ALD | AL BIBLE BIBLE FORE |
| 611 MAGNOLIA | e of Dusiness | 611 MAGNOLIA | | | | | | | |
| TAMPA FL 3360 | 06 | TAMPA FL 33606 | | | | | | | |
| | | | | | | | RITE IN THIS | SPACE | <u> </u> |
| | | | | | 3 | Date Incorporated or Qualified 12/30/1981 | ed | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4 | FEI Number | • | $ \sqcup$ | Applied For |
| 21 | | 26 | | | | 59-2146292 | | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | Certificate of Status Desired | · · · · · | • | 5 Additional ~ ~ |
| 22 | | 27 | | | | , 00/11/00/10 0/ 0/11/17 | | | Required . |
| City & Stat | te | City & State | | | 6 | Election Campaign Financir | ng 🖂 | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | ed to Fees |
| Zip | Country | Zip | Countr | У | 8 | This corporation owes the c | current year Int | | □N ₁ - |
| 24 | 25 | | 30 | | | Personal Property Tax. | - Davistana d | Yes | □No |
| ļ | 9. Name and Address of Curre | ent Registered Agent | - 0 | Nama | | Name and Address of New | w Registered | Agent | |
| THE | HAUS, BRADLEY C. | | 8 | 1 Name | | | | | |
| | MAGNOLIA AVE. | | 8: | Street | Address (| (P.O. Box Number is Not Acce | eptable) | | |
| | PA FL 33606 | | | | | | | | |
| IAM | PA PL 33606 | | 8: | 3 | | | | | |
| | | | 84 | City | | | ٣. | 85 Z | ip Code |
| | | | | | | · · · · · · · · · · · · · · · · · · · | FL | <u> </u> | iti-td |
| 11. Pursuant | to the provisions of Sections 607.05 egistered agent, or both, in the State | 02 and 607.1508, Florida Statute | s, the abou | ve-named | corporation's b | on submits this statement for t board of directors. I hereby ac | the purpose of cept the appoi | changing intment as | registered |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 607.0505, Flori | ida Statute | 5. | | , | | | • |
| SIGNATURE | | | | | | | | | |
| | | | | | | | | | |
| | Signature, typed or printed name of registered ag- | | Registered Age | ent signature r | required wher | | DATE | | TODO 1140 |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO | | | |
| TITLE | OFFICERS A | | 13. | | DV | ADDITIONS/CHANGES TO | | ND DIREC | |
| | OFFICERS AND BOND, WAYNE | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME | | D V Box | ADDITIONS/CHANGES TO | | | |
| TITLE | OFFICERS AI DP BOND, WAYNE 611 MAGNOLIA AVEE | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | ET ADDRESS | DV BOA | ADDITIONS/CHANGES TO | OFFICERS A | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS A DP BOND, WAYNE 611 MAGNOLIA AVEE TAMPA, FL 00000 | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- | ET ADDRESS ST-ZIP | D V BOA GII TAN | ADDITIONS/CHANGES TO | OFFICERS A | Chang | ge Addition |
| TITLE NAME STREET ADDRESS | DP BOND, WAYNE 611 MAGNOLIA AVEE TAMPA, FL 00000 DT | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE | ET ADDRESS ST-ZIP | DV BOA GII TAM DP | ADDITIONS/CHANGES TO JD, WAYNE MAGNOLIA 1PA, FL 336 | OFFICERS AI | | ge Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AIDP BOND, WAYNE 611 MAGNOLIA AVEE TAMPA, FL 00000 DT TUSHAUS, BRADLEY C. | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME | ET ADDRESS ST-ZIP | DV BOA GII TAM DP | ADDITIONS/CHANGES TO JD, WAYNE MAGNOLIA 1PA, FL 336 AUS, BRADLEY | OFFICERS AI | Chang | ge Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AL DP BOND, WAYNE 611 MAGNOLIA AVEE TAMPA, FL 00000 DT TUSHAUS, BRADLEY C. 611 MAGNOLIA AVE | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI | ET ADDRESS ST-ZIP | D P THM D P TUSH | ADDITIONS/CHANGES TO JD, WAYNE MAGNOLIA 1PA, FL 336 AUS, BRADLEY MAGNOLIA | OFFICERS AI | Chang | ge Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AL DP BOND, WAYNE 611 MAGNOLIA AVEE TAMPA, FL 00000 DT TUSHAUS, BRADLEY C. 611 MAGNOLIA AVE TAMPA FL | ND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | D P THM D P TUSH | ADDITIONS/CHANGES TO JD, WAYNE MAGNOLIA APA, FL 336 AUS, BRADLEY MAGNOLIA | OFFICERS AI | Chang | ge Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AL DP BOND, WAYNE 611 MAGNOLIA AVEE TAMPA, FL 00000 DT TUSHAUS, BRADLEY C. 611 MAGNOLIA AVE TAMPA FL | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | D P THM D P TUSH GII TAV | ADDITIONS/CHANGES TO JD, WAYNE MAGNOLIA 1PA, FL 336 AUS, BRADLEY MAGNOLIA MDA, FL 33 | OFFICERS AI | Chang | ge Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS ALDP BOND, WAYNE 611 MAGNOLIA AVEE TAMPA, FL 00000 DT TUSHAUS, BRADLEY C. 611 MAGNOLIA AVE TAMPA FL DS BRANNAN, JOHN B. | ND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | DV BOA GII TAM DP TUSH GII TAV DS | ADDITIONS/CHANGES TO JD, WAYNE MAGNOLIA 1PA, FL 336 AUS, BRADLEY MAGNOLIA 11PA, FL 33 THE STANDARY 11PA, FL 33 THE STANDARY | OFFICERS AI | Chang | ge Addition |
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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: