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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H21807 1. Corporation Name

Principal Place of Business

SHELLY, MIDDLEBROOKS & O'LEARY, INC.

725 PENINSULAR PLACE JACKSONVILLE FL 32203-2909 US		P. O. BOX 2909 Jacksonville FL 32203-2909		DO NOT WRITE IN THIS SPACE				
03	•				3. Date Incorporated or Qualifed 09/19/1984			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2449864		Not Applicat	ble
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required	
City & State	e	City & State		*	6. Election Campaign Financing	_ \$	5.00 May Be	
23		28			Trust Fund Contribution	11 ,	dded to Fees	
Zip	Country	Zip	Country	•	8. This corporation owes the curr	ent year Intangibl	e	
24	25	29 30			Personal Property Tax.		es □No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New F	Registered Agen	t	
011.5			81	Name		•		- 1
	ARY, DANIEL C. III	1944 - \$6.1 1944 - 194	82	Street Add	dress (P.O. Box Number is Not Accepta	able)	.	\dashv
	LEMINOUTH LEVOE	***	1	Ģii oot 7 tot				
JACI	KSONVILLE FL 32204		83	-				
			84	City		FI 85	Zip Code	-
44 5	10 H 0 - H 0 - H 0 - C07 050	22 and CO7 4500 Florida Statutos	the above	nomed so	rporation submits this statement for the	nurnose of chang	ina ite registere	
office or r	egistered agent, or both, in the State	of Florida. Such change was author	onzed by	the corporal	tion's board of directors. I hereby accep	ot the appointmen	t as registered	~
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	Statutes.	•	_	/-/		
agent, I a	m familiar with, and accept the obliga	7/11				/8/98		
SIGNATURE	of familia) with, and accept the obligation of familia with, and accept the obligation of familia with a second or printed name of registered age	nt and title if applicable. (NOTE: Reg	istered Agen		ired when reinstating)	DATE	DECTORS IN 12	
signature	Signature, typed or printed name of registered age OFFICERS AN	nt of title if epolicable. (NOTE: Reg	istered Agen		ADDITIONS/CHANGES TO OF			
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: Reg	istered Agen 13. 1.1 TITLE				RECTORS IN 12	
agent, I a signature 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND CDT O'LEARY, DANIEL C. III	nt of title if epolicable. (NOTE: Reg	13. 1.1 TITLE 1.2 NAME	t signature requi	ADDITIONS/CHANGES TO OF			
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN CDT O'LEARY, DANIEL C. III 4333 SWEET GUM LANE	nt of title if epolicable. (NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature requir	ADDITIONS/CHANGES TO OF			
agent. I age	Signature, typed or printed name of registered age OFFICERS AN CDT O'LEARY, DANIEL C. III 4333 SWEET GUM LANE JACKSONVILLE FL 32210	nt and title if applicable. (NOTE: Reg ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature requir	ADDITIONS/CHANGES TO OF		hange ☐ Add	ition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90001 019 ***150.00