

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90032 006 ***158.75

DOCU 1. Corporatio -STAACK	MENT # H76462 HA SIMMS, P.A. → JAM	! es A. Saa	ek, P.A.						
Principal Plac	e of Business	Mailing Addres					B BUILD HAR BURN	i didil albii dibii a	HUN DIDIL HEDA
121 N. OSCEOLA AVE. 121 N. OSCEOLA AVE.									-
SECOND FLOOR SECOND FLOOR									
CLEARWATER FL 34915 3375					DO NOT WRITE IN THIS SPACE				
33155						 Date Incorporated or Qualif 09/17/1985 	ed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		- Ap	plied For
21		26				59-2579647		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	×	\$8.75 A Fee Re		
City & Stat	e	City & Stat	e			6. Election Campaign Financir	ng	\$5.00	May Bo
23		28				Trust Fund Contribution	ia 🗆	Added to	
Zip	Country	Zip	Co	untry	,	8. This corporation owes the o	urrent vear li		
24	25 29 30					Personal Property Tax.	arronn your n		□No
	9. Name and Address of Current	t Registered Agent	1			10. Name and Address of New	w Registered	d Agent	
				81	Name		_		
STAACK, JAMES A					Street Add	dana (D.O. Barahi a Markinsia Mark			
121 N. OSCEOLA AVE.					Street Adi	dress (P.O. Box Number is Not Acce	ptable)		
SECOND FLOOR									
CLEARWATER FL 33755									
				84	City	•	FI	85 Zip C	Code
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati	of Florida. Such cha	nge was authorize	d by	the corporat	rporation submits this statement for t tion's board of directors. I hereby ac	he nurnose o	of changing its i	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agen	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD		DÉLETE 1.11	ITLE				☐ Change	Addition
NAME	STAACK, JAMES A		1.21	IAME	i				Ī
STREET ADDRESS	121 N. OSCEOLA AVE., 2ND FL	- •	1.3 5	TREET	TADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33755		140	TY-ST	T-7IP				
TITLE	VPD	X		ITLE	·	-		☐ Change	Addition
NAME	KLEMM, RUSSELL E	•	2.2 N	IAMÉ	ĺ				I
STREET ADDRESS	121 N. OSCEOLA AVE., 2ND FL		2.3.5	TREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33755	-		CITY-S					[
TITLE	VPD	X	DELETE 3.1 T					☐ Change	Addition
NAME	SIMMS, JOHN S		321	AME		•		_ •	
STREET ADDRESS	121 N OSCEOLA AVE, 2ND FLO	OOR			ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33755	75.1.			ADDRESS T 710				
TITLE		П	<u> </u>	ITY-S TLE	1-2F			Change	Addition
NAME				AME				L.J C.Idrigo	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP								,	
TITLE			DELETE 5.1 T	TTY-ST	-417			☐ Change	Addition
NAME		٥.	5.2 N					Cloude	C TANDINOIS
STREET ADDRESS					ADDRESS				
CITY OF 700				rrv er					

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR ARILY ED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/11/99 (727) 441-2635

CR2E034 (11/98

Addition

☐ Change