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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90168 042 ***150.00

04/10/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J10924

1. Corporation Name BACON, BACON, JOHNSON & GODDARD, P.A.

Principal Place of Business 2959 FIRST AVENUE NORTH ST. PETERSBURG FL 33713
Mailing Address 2959 FIRST AVENUE NORTH ST. PETERSBURG FL 33713



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1986
4. FEI Number 59-2681023
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
City & State 23
Zip Country 24, 25
Zip Country 28, 29, 30

9. Name and Address of Current Registered Agent
BACON, DAVID A.
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 3 columns: TITLE, NAME, ADDRESS. Rows for PD BACON, DAVID A., STD JOHNSON, DALE A., VD GODDARD, FRANK W.

Table with 3 columns: TITLE, NAME, ADDRESS. Rows 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)