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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K27970

1. Corporation Name

L. LISA BATTS, P.A.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90070 023 ***150.00



Principal Place	of Business	M	ailing Address										
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STUART FL 34994		-	STUART FL 34994			3. Date Incorporated or Qualifed							
US		US	3										
							07/05/1			—Т	Appli	ed For	
2. Principal Pla	ace of Business	2a	. Mailing Address									Applicable	914
21		26					65-005	<u> </u>		40	75 Add	ditional	
Suite, Apt. #	#, etc.		Suite, Apt. #, etc	;.			5. Certificate	of Status Desir	ed 🗌			ired	
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City & State	-		City & State					Campaign Finan	icing	,	:00 м		
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Zip	Coun		Zip	С	Country	-	8. This corp	oration owes th	e current yea	Intangible	_	, l	
_	25	29	}	30		_		Property Tax.		Yes	<u> </u>	No	
24		ress of Current Regi	stered Agent				10. Name a	nd Address of I	New Register	red Agent			
	5. Name and Add	less of Carron Hog.			81	Name					,		
DATT	īs, L. Lisa				-		ress (P.O. Box N	Lumbar is Not A	ccentable)				
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									the numer	o of changi	na ite re	enistered	
11. Pursuant	to the provisions of Se	ections 607.0502 and oth, in the State of Flor	607.1508, Florida	Statutes, the	e above-	named com	poration submits ion's board of dii	ectors. I hereby	accept the a	ppointment	as regi	stered	
office or r	egistered agent, or bo	oth, in the State of Flot ccept the obligations o	nda. Such change of Section 607.050	was authori 5, Florida S	Statutes.	ne corporati	1011 0 2001 0 11					Ì	
agent. ra	an iailinai win, and o	cocpt the congulations							<u></u>				
SIGNATURE	<u></u>					-1	. d b an enimalation	5, 5, 5	DAT				
	Signature, typed or printed ha	ame of registered agent and uti	е и аррисави.	(NOTE: Regist	tered Agent	signature requir	ed when reinstating)			A A NIO DID	COTOR	20 181 42	38
	Signature, typed or printed na	OFFICERS AND DIR	RECTORS		tered Agent 13.	signature requir	ADDITIO	NS/CHANGES	TO OFFICER			RS IN 12	(1/98)
12.		OFFICERS AND DIR	RECTORS			signature requir	ADDITIO	NS/CHANGES	O OFFICER		ECTOR nange	RS IN 12	(11/98)
12.	D	OFFICERS AND DIR	RECTORS	TE 1	13.	signature requir	ADDITIO	NS/CHANGES	O OFFICER		nange	RS IN 12	134 (11/98)
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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 director of the corporation or the receiver or director of the corporation or attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR