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Mar 10, 1999 8:00 am
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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P92000010633

1. Corporation Name

HARVEY, MUTCHNICK, & LUKENS, C.P.A.'S, P.A.

Principal Place of Business

**5201 W. KENNEDY BLVD.
#520
TAMPA FL 33609
US**

Mailing Address

**5201 N. KENNEDY BLVD.
#520
TAMPA FL 33609
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1992

4. FEI Number

59-3149300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

Additional

Required

6. Election Campaign Financing

Trust Fund Contribution ☐

1.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MUTCHNICK, MARK R
1931 BROOKSTONE WAY
CLEARWATER FL 34620**

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 607.1508, 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
D
MUTCHNICK, MARK R
STREET ADDRESS
1931 BROOKSTONE WAY
CITY-ST-ZIP
CLEARWATER FL 34620**

TITLE ☒ DELETE

**NAME
D
HARVEY, MICHAEL C
STREET ADDRESS
3406 LACEWOOD RD
CITY-ST-ZIP
TAMPA FL 33618**

TITLE ☐ DELETE

**NAME
TSD
LUKENS, DANIEL
STREET ADDRESS
6308 EAGLEBROOK AVE
CITY-ST-ZIP
TAMPA FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Daniel L. Lukens* **DANIEL L. LUKENS, SECRETARY**

2/28/99 (813)282-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)