

PROFIT CORPORATION ANNUAL REPORT 1999



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

APPROVED AND FILED

1999 AUG 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082242

1. Corporation Name
Walters Levine Brown Klingensmith Milonas & Thomison, P.A.

Principal Place of Business
**1515 Ringling Blvd.
Suite 900
Sarasota, FL 34236**

Mailing Address
**P.O. Box 1479
Sarasota, FL 34230**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
9-22-1997

2. Principal Place of Business 21 1515 Ringling Blvd. Suite, Apt. #, etc. 22 Suite 900 City & State 23 Zip Country	2a. Mailing Address 26 Same as above Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 65-0786055	Applied For ☐ Not Applicable
		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. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**Taso M. Milonas
1515 Ringling Blvd., Suite 900
Sarasota, FL 34236**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0503 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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	John E. Brown	1.2 NAME	
STREET ADDRESS	1515 Ringling Blvd., Suite 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	1.4 CITY-ST-ZIP	
TITLE	V. President ☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	Joel W. Walters	2.2 NAME	
STREET ADDRESS	1515 Ringling Blvd., Ste. 900	2.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	2.4 CITY-ST-ZIP	
TITLE	V. President ☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME	Stuart Jay Levine	3.2 NAME	
STREET ADDRESS	1515 Ringling Blvd., Suite 900	3.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	3.4 CITY-ST-ZIP	
TITLE	V. President ☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME	H. Jack Klingensmith	4.2 NAME	
STREET ADDRESS	1515 Ringling Blvd., Suite 900	4.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	4.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer ☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME	Taso M. Milonas	5.2 NAME	
STREET ADDRESS	1515 Ringling Blvd., Ste. 900	5.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	5.4 CITY-ST-ZIP	
TITLE	V. President ☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME	James E. Thomison	6.2 NAME	
STREET ADDRESS	1515 Ringling Blvd., Ste. 900	6.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	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 118.07(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; that 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 exempted, or in attachment with an address, with all other law empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Brown, Pres.

3/8/99

941-364-878