

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S80221

1. Corporation Name

WOODLIEF & RUSH, P.A.

Principal Place of Business

11018 N. DALE MABRY
SUITE 404
TAMPA FL 33618

Mailing Address

11018 N. DALE MABRY
SUITE 404
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1991

4. FEI Number

65-0304623

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

2. Principal Place of Business

21 3411 W. Fletcher Ave

2a. Mailing Address

26 3411 W. Fletcher Ave.

Suite, Apt. #, etc.

22 Suite B

Suite, Apt. #, etc.

27 Suite B

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33618

Country

25 Hillsb.

Zip

29 33618

Country

30 Hillsb.

9. Name and Address of Current Registered Agent

RUSH, BRIAN P.
11018 N. DALE MABRY
SUITE 404
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name Rush, Brian P.

82 Street Address (P.O. Box Number is Not Acceptable)

3411 W. Fletcher Ave.

83 Suite B

84 City Tampa

FL

85 Zip Code 33618

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 D
NAME RUSH, BRIAN P.
STREET ADDRESS 11018 N. DALE MABRY
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE D
NAME WOODLIEF, MITCHEL E.
STREET ADDRESS 225 E. CHURCH STREET
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D
1.2 NAME Rush, Brian P.
1.3 STREET ADDRESS 3411 W. Fletcher Ave., Suite B
1.4 CITY-ST-ZIP Tampa, FL 33618 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Brian P. Rush, Registered Agent

3/30/99

813-963-1586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)