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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09178 1. Corporation Name

SYFRETT LAW OFFICES, P.A.

											B(B) B(B) 1811
Principal Place	e of Business	Mailing Ac	ldress				* * * * * * * * * * * * * * * * * * * *				
311 MAGNOLIA AVE 311 MAGNOLIA AVE											
			NAMA CITY FL 32401			DO NOT WRITE IN THIS SPACE					
									IN THIS SPA	NCE.	
							3. Date Incorporated 01/27/1992	or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number			Ar	plied For
21		26	26				: 59-3166911			No	ot Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.					- Danisad	\$	8.75	Additional
22		27					5. Certifcate of Status	s Desired		Fee Re	equired
City & State	e	City &	State				6. Election Campaign	Financing		\$5.00	May Be
23		28					Trust Fund Contrib	oution	Ц	Added	to Fees
Zip	Country	Zip	_	Coun	itry		8. This corporation of	wes the curren	t year Intangi	ble	į
24	25	29		30			Personal Property			Yes	□No
	9. Name and Address of Cu	rrent Registered A	gent				10. Name and Addre	ss of New Re	gistered Age	nt	
					81	Name			•		
	RETT, RAYMOND L					Street Addre	dress (P.O. Box Number is Not Acceptable)				
	MAGNOLIA AVE.					01100(710010					
PAN	AMA CITY FL 32401			Ī	83						
				Ī	84	City		101	FL 8	5 Zip	Code
11. Pursuant i	to the provisions of Sections 607.	.0502 and 607.1508	. Florida Statute	es. the ab	ove-i	named corpo	oration submits this state	ment for the pu	rpose of char	nging its	registered
office or re	egistered agent, or both, in the Sim familiar with, and accept the ob	tate of Florida. Such	change was au	uthorized	by th	ne corporation	n's board of directors. I h	ereby accept (the appointme	ent as re	egistered
•											
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable	. (NOTE:		Agent s	signature required	when reinstating)	- 1	DATE		
SIGNATURE	OFFICERS	d agent and title if applicable S AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.		signature required	when reinstating) ADDITIONS/CHANG	SES TO OFFI	CERS AND D		
	OFFICERS D					signature required		SES TO OFFI	CERS AND D	IRECTO	DRS IN 12
12.	OFFICERS D SYFRETT, RAYMOND L		· · · · · · · · · · · · · · · · · · ·	13.	E	signature required	ADDITIONS/CHANG	GES TO OFFI	CERS AND D		
12.	OFFICERS D SYFRETT, RAYMOND L 311 MAGNOLIA AVE		· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITL 1.2 NAM	Æ Æ	Signature required	ADDITIONS/CHANG	SES TO OFFI	CERS AND D		
12. TITLE NAME	OFFICERS D SYFRETT, RAYMOND L		DELETE	13. 1.1 TITL 1.2 NAM	E ME REET A	DORESS	ADDITIONS/CHANG	GES TO OFF	CERS AND D	Change	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS D SYFRETT, RAYMOND L 311 MAGNOLIA AVE		· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITL 1.2 NAA 1.3 STR	E ME REET A Y-ST-7	DORESS	ADDITIONS/CHANG	GES TO OFF	CERS AND D		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D SYFRETT, RAYMOND L 311 MAGNOLIA AVE PANAMA CITY FL O SYFRETT, CLAYTON R		DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	E ME REET A Y-ST-7	DORESS	ADDITIONS/CHANG	SES TO OFFI	CERS AND D	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D SYFRETT, RAYMOND L 311 MAGNOLIA AVE PANAMA CITY FL O SYFRETT, CLAYTON R 311 MAGNOLIA AVE		DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA	E ME REET A Y-ST-7	DORESS	ADDITIONS/CHANG	GES TO OFFI	CERS AND D	Change	☐ Addition
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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 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CLAYTON R. SYFRETT

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90014 027 ***150.00