## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90101 036 \*\*\*150.00

## 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 # 356189

1. Corporation Name

PAUL R. THEEN, INC..

_					W- Add-								
Principal Place of Business Mailing Address													
	20 BAYSHORE	_			O BAYSHORE DRIVE					-			
ENGLEWOOD FL 34223 ENGLEWOOD FL 34223										DO NOT WRITE IN THIS SPACE			
										3. Date Incorporated or Qualifed			
										12/03/1969			
2. Principal Place of Business				2a	2a. Mailing Address					4. FEI Number		Ap	plied For
21				26	26					59-1393911			t Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certifcate of Status Desired	Π΄	\$8.75	
22				27						3. Certificate of Guardo Boomoo	<u> </u>	Fee Re	equired
City & State					City & State					6. Election Campaign Financing	П	\$5.00	
23				28						Trust Fund Contribution		Added	o Fees
Г	Zip		Country		Zip		Country	1		8. This corporation owes the curre			
24			25	29		30				Personal Property Tax.		Xes	□No
		9. Name	and Address of C	urrent Regis	stered Agent					10. Name and Address of New R	egistered A	lgent	
	THE	TALDALN D	,				81	Nan	ne				
THEEN, PAUL R						82	Stre	et Addre	ss (P.O. Box Number is Not Acceptal	ble)			
920 BAYSHORE DR ENGLEWOOD FL 33533								<u> </u>				,	
	ENG	LEAAOOD I	FL 33333				83						
							84	City				85 Zip	Code
								,			FL		
1	office or re	anietorod an	ent or both in the :	State of Flori	607.1508, Florida Statu da. Such change was f, Section 607.0505, Fl	authori:	zea ov	tne co	ed corpo orporation	rration submits this statement for the parties board of directors. I hereby accept	numose of o	changing its	registered gistered
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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, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Keen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 94/474 8069

Change

☐ Change

Addition

Addition