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 # 358065

1. Corporation Name

ROBERT JOHN DEAN, INC.

Principal Plac	ce of Business	Mailing Address					·		
1402 W SWAN		1402 W SWANN AVE							
TAMPA FL 33606						DO NOT WRITE IN THIS	SBACE		
03 03						3. Date Incorporated or Qualifed	SFACE		٦
						01/15/1970			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	1 4	Applied For	7
21		26				59-1288131		Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	
22		27	27			5. Certifcate of Status Desired	Fee F	Required	
City & Sta	ite	City & State	City & State			6: Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year int	_		1
24	[25]		30			Personal Property Tax.	∐Yes	□No	4
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registered	Agent		-
DEA	AN, ROBERT J			"	Name				1
119 WHITING ST				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	MPA FL 33602			83					-
				65					
				84	City	FL	85 Zip	Code	1
44 Durana	to the provisions of Sections 607.6	DEDO and CO7 1508 Florida Statuta	o tho o	<u> </u>	named same	pration submits this statement for the purpose of	changing it	te registered	4
office or	registered agent, or both, in the Sta	ate of Florida. Such change was aι	thorized	l by t	the corporation	n's board of directors. I hereby accept the appoi	ntment as	registered	
agent. I a	am familiar with, and accept the obl	ligations of, Section 607.0505, Flor	ida Stati	utes.					1
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE:	Denietorad	Agent	signature required	when reinstating) DATE			١.
12.	5 - 11 - 1	AND DIRECTORS	13.	/ go iii	. agrizzate regained	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	3
TITLE	PD	☐ DELETE	1.1 11	TLE		ABBITIONS OF THE CONTRACTOR	☐ Change		┨;
NAME	DEAN, ROBERT J		1.2 NA	ME					
STREET ADDRESS	A 40 MARITIMO OT		1.3 ST	REET.	ADDRESS				}
CITY-ST-ZIP	TAMPA FL		1.4 CITY-5		-ZIP				18
TITLE		☐ DELETE	2.1 TITLE 2.2 NAME			•	Change	Addition	7
NAME									
STREET ADDRESS	6		2.3 ST	REET	ADDRESS				1
CITY-ST-ZIP			2.4 C	ITY-ST	r-ZIP				
TITLE								- Addition	7
NAME		☐ DELETE	3.1 TI	ΓLE			Change	Addition	
STREET ADDRESS	1	☐ DELETE	3.1 TII 3.2 NA				☐ Change	Addition	
CITY-ST-ZIP		☐ DELETE	3.2 NA	ME	ADDRE\$S		Change	Addition	<u> </u>
TITLE		☐ DELETE	3.2 NA 3.3 ST	ME			Change	Addition	<u> </u>
NAME		☐ DELETE	3.2 NA 3.3 ST	ME REET			☐ Change	~	
- WORL		-	3.2 NA 3.3 ST 3.4. CI	AME REET A TY-ST			·	~	
STREET ADDRESS		-	3.2 NA 3.3 ST 3.4, CI 4.1 TII 4. 2 NA	REET ATY-ST TLE AME			·	~	
		-	3.2 NA 3.3 ST 3.4, CI 4.1 TII 4. 2 NA	TREET AME	-ZiP ADDRESS		·	~	
STREET ADDRESS		-	3.2 NA 3.3 ST 3.4. CI 4.1 TII 4. 2 NA 4.3 ST	TREET AT THE THE THE THE THE THE THE THE THE TH	-ZiP ADDRESS		·	e ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TII 4. 2 NJ 4.3 ST 4.4 CI	TREET AT THE THE THE THE THE THE THE THE THE TH	-ZiP ADDRESS		Change	e ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	TREET AME REET AME REET AME REET AME REET AME REET AME REET AME	ADDRESS ADDRESS		Change	e ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 N 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TY-ST- TY-ST-	ADDRESS ADDRESS		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 N 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT	TREET INTY-ST ILE AME REET INTY-ST- ILE REET INTY-ST- ILE	ADDRESS ADDRESS		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NA 3.3 ST 3.4. CC 4.1 TIII 4.2 NA 4.3 ST 5.1 TIII 5.2 NA 5.3 ST 5.4 CC 6.1 TIII 6.2 NA	TY-ST- TLE AME TY-ST- TLE AME TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE AME TY-ST- TLE AME TY-ST- TLE	ADDRESS ADDRESS		☐ Change	Addition	

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 extractment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90084 026 ***150.00

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