## 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 # 456450

1. Corporation Name

EDWARD C. TIETIG, P.A.

## FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90092 037 \*\*\*150.00



Principal Place	e of Business	Mailing Address					
1326 MALABAR RD. S.E. #1		1326 MALABAR RD. S.E. #1					
PALM BAY FL 32907-9502		PALM BAY FL 32907-9502	PALM BAY FL 32907-9502		DO NOT WRITE IN THIS	SOACE	
					3. Date Incorporated or Qualifed	JOFACE	
					07/05/1974		
A 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- CB	2a. Mailing Address			4. FEI Number	Ar	plied For
Z. ( Intolpar i lace of Backhoos					59-1549360	<del>`</del>	t Applicable
21			Suite, Apt. #, etc.			\$8.75	
Suite, Apt. #, etc.		<b>⊢</b>			5. Certifcate of Status Desired	Fee Re	
City & State			City & State		6. Election Campaign Financing	\$5.00	May Ro
L		<b>⊢</b> ′	¬ ´		Trust Fund Contribution		to Fees
Zip Country		- Zip	<u> </u>		8. This corporation owes the current year In	tangible	
	25	29 3	_	,	Personal Property Tax.	Yes	XNo
24	9. Name and Address of Cu	1=-1	<u> </u>		10. Name and Address of New Registered	Agent	
	9. Name and Address of Co	HEIR Kodiotorea Warri	8	Name			•
TIETIG, EDWARD C.							
1326 MALABAR RD. S.E. #1			8	32 Street Add	dress (P.O. Box Number is Not Acceptable)		
PALM BAY FL 32907		E	33				
	2,						
			8	34 City	FI	_   85   Zip	Code
44 5	I. H. annihing of Sections 607	0502 and 607 1508 Florida Statutes	the abo	ove-named cor	rooration submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the S	tate of Florida. Such change was aut	horized b	by the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	ointment as re	egistered
agent. I a	ım familiar with, and accept the ob	bligations of, Section 607.0505, Florid	ia Statut	es.	•		
SIGNATURE	A	d agest and title if realizable (NOTE: R	Penistered A	gent signature requi	ired when reinstating) : DATE		<del></del>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS		13.	<b>3</b>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	S	☐ DELETE	1.1 TITU	E	•	Change	☐ Addition
NAME	FOX, JUDY		1.2 NAM	ie			
STREET ADDRESS	JOSS MALADAD DD C.E.		1.3 STR	EET ADDRESS			1
Į.	PALM BAY FL			-ST-ZIP			j
CITY-ST-ZIP TITLE	PD	☐ DELETE	2.1 TITU			☐ Change	Addition
	TIETIG, EDWARD C		2.2 NAM	ıF			
NAME	4000 MALADAD DD CE			EET ADDRESS	·		
STREET ADDRESS	PALM BAY FL			Y-ST-ZIP	•		1
CITY-ST-ZIP	PALM DAT FL	☐ DELETE	3.1 TITL			☐ Change	Addition
TITLE			3.2 NAM	1			
NAME	•						. }
STREET ADDRESS				EET ADDRÉSS	• • • • • • • • • • • • • • • • • • •		\$ 1 m
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TITLE		. Getere			·		_
NAME			4. 2 NA				
STREET ADDRESS	5		•	EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITL	I .	• .	C Outride	
NAME			5.2 NAM	AC			
STREET ADDRESS	<b>\$</b>			EET LODGEGG			
CITY-ST-ZIP	1			EET ADDRESS			l
			5.4 CITY	Y-ST-ZIP		Change	Addition
TITLE		_ DELETE	5.4 CITY 6.1 TITU	Y-ST-ZIP E		☐ Change	☐ Addition
NAME		☐ DELETE	5.4 CITY 6.1 TITU 6.2 NAM	Y-ST-ZIP .E ME		☐ Change	Addition
Į.		☐ DELETE	5.4 CITY 6.1 TITU 6.2 NAM	Y-ST-ZIP E		☐ 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 application with an address, with all other the empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 407 723 3163

Daytime Phone

22E034 (11/98)