

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90160 004 ***150.00

DOCUMENT # 467471

1. Corporation Name
RICHARD M. SEGAL, INC.

Principal Place of Business

2083 SIESTA DR
SARASOTA FL 34239
US

Mailing Address

2083 SIESTA DR
SARASOTA FL 34239
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1975

4. FEI Number

59-1566245

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 2264 GULF GATE DR

Suite, Apt. #, etc.

22 City & State

23 SARASOTA FL

24 Zip

34231

Country

25 SARASOTA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 SARASOTA FL

29 Zip

30 34231

Country

31

9. Name and Address of Current Registered Agent

SEGAL, RICHARD M.

2083 SIESTA DR.

SARASOTA FL 34239

4356 TRAILS DR
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 Richard M Segal

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 P ☐ DELETE

NAME SEGAL, RICHARD M.
STREET ADDRESS 3638 COUNTRY PLACE BLVD.
CITY-ST-ZIP SARASOTA FL 34233

TITLE S ☐ DELETE

NAME SEGAL, LINDA C.
STREET ADDRESS 3638 COUNTRY PLACE BLVD.
CITY-ST-ZIP SARASOTA FL 34233

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 P ADDRESS ☒ Change ☐ Addition

1.2 NAME SEGAL, Richard M
1.3 STREET ADDRESS 4356 TRAILS DR
1.4 CITY-ST-ZIP SARASOTA, FL 34232

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME SEGAL, LINDA C
2.3 STREET ADDRESS Same
2.4 CITY-ST-ZIP

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:

Richard M Segal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 1941 929-6168

Date

Daytime Phone #

CR2E034 (11/98)

0472220