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. PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Name

LIVINGSTON & REILLY, P.A.

Principal Place	e of Business	Ma	iting Address				\dashv	L HORALI U	1810 01110 19181 19111	##131 1 # #1 #1#11 #\$1		
255 S ORANGE	AVE	P. O	. BOX 2151									
SUITE 850		ORL	LANDO FL 32802						DO NOT WE	NTE IN THIS C	SDACE.	
ORLANDO FL 3	2801						-	Data Janama		RITE IN THIS S		
US								02/12/19	orated or Qualife	,		ļ
2 Dringing B	ace of Business	22	Mailing Address					FEI Number			Apr	olied For
-	ace or business	\vdash	Mailing Address					59-15788				Applicable
Suite, Apt.	# atc	26	Suite, Apt. #, etc.					38 13700	<u> </u>		\$8.75 A	
—	r, etc.	27	June, 14. 4, 516.				_ 5.	Certificate of	Status Desired		Fee Re	
City & State	e e	- 21	City & State				6	Flection Car	mpaign Financing	1 _	\$5.00	May Re
23		28	•				0.	Trust Fund		' _□	Added to	
Zip	Country		Zip	Cour	itry		8.	This corpora	ation owes the cu	rrent year Inta	ngible	
24	25	29		30				Personal Pr				□No
	9. Name and Address of Curre		tered Agent				10.	Name and	Address of New	Registered A	gent	
					81	Name						
	igston, gerald s				82	Stroot An	ddrass (P	O Boy Num	ber is Not Accep	otable)		
	s orange ave				62	Street Ad	auress (i	.O. DOX Hull	iber is thet mosep	,,,,,,,		
	E 850				83							
ORL	ANDO FL 32801			-	0.4	City			-		85 Zip C	ode
					84	City				FL	63 Zip C	,oue
office or r	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida	a. Such change was au	ithorized	by t	the corpora	orporatior ation's bo	n submits this pard of direct	s statement for th ors. I hereby acc	e purpose of o ept the appoin	thanging its tment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if	applicable. (NOTE:	Registered /	∖gent	t signature requ				DATE		
12.	OFFICERS A	AND DIREC		13.				ADDITIONS/	CHANGES TO C	FFICERS AND		
TITLE	PD		☐ DELETE	1.1 TITL			SD		_		Change	Addition
NAME	LIVINGSTON, GERALD S			1.2 NA	ИΕ		n	7 72	leen M			ļ
STREET ADDRESS	255 S ORANGE AVE, SUITE	850				ADDRESS 7						
CITY-ST-ZIP	ORLANDO FL 32801			1.3 STF	REET	4			ige Ave,	Suite	850	
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	OND WEDD TE GESST		☐ DELETE	1.4 CIT 2.1 TITI	Y-ST- E		255	S Oran	ige Ave,		850	Addition
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NAME STREET ADDRESS	01240012001		DELETE	1.4 CIT 2.1 TITI 2.2 NAA 2.3 STF	Y-ST. LE ME REET	ADDRESS	255	S Oran	ige Ave,			☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: