PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 483002

1. Corporation Name

	DYCHES, P.A.								
Principal Place	e of Business	Mailing Address		****	$\neg \neg$	1 (001)1 4(40) (3(40 (11))		01 1 01 01011 01031 0	IAIT BLAIS SABS
11300 4TH ST I		11300 4TH ST N.		•					
#300 #300									
ST PETERSBURG FL 33716 ST PETERSBURG FL 33716			6			DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Q 08/18/1975 	Pualifed		·=
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	olied For
21		26	-	-	-	59-1615229			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status De	sired	\$8.75 A	
22		27						Fee Re	
City & State	е	City & State				6. Election Campaign Fin	- 11	\$5.00	
23		28	Ó			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Count	ıry		8. This corporation owes			□No
24	25	29	30			Personal Property Tax. 10. Name and Address of			
· <u>-</u>	9. Name and Address of Curre	ent Registered Agent		31 Name		10, Marrie and Address o	New Registered	Agent	
DUK	e, stephen b		`	Hame					
	00 4TH ST N. #300		[8	Street	Addres	s (P.O. Box Number is Not	Acceptable)		
	PETERSBURG FL 33702			33		·			
01. 1	2121000110120002		1	53					
			1	34 City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the abo	ove-named	corpor	ation submits this statement	for the purpose o	f changing its	registered
office or r	registered agent, or both, in the Statem familiar with, and accept the obligations.	te of Florida. Such change was a	authorized i	by the corpo	oration	s board of directors. I heren	by accept the appo	intment as reg	gisterea
SIGNATURE	Signature, typed or printed name of registered a	(5)000		nent signature r			DATE		
40	orginatore, types or printed manne or regions or a		E: Redistered A		required w	hen reinstating)	UATE		
	OFFICERS A			gork aignature i	required w	hen reinstating) ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90013 034 ***150.00