

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 # **492272**

1. Corporation Name

THE DOCTORS DIRECTORY, INC.

Principal Place of Business

**121 WEST BELMONT STREET
P. O. BOX 12061
PENSACOLA FL 32590**

Mailing Address

**121 WEST BELMONT STREET
P. O. BOX 12061
PENSACOLA FL 32590**

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90183 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1975

4. FEI Number

59-2359742

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 3298 Summit Blvd

2a. Mailing Address

26 P.O. Box 12061

Suite, Apt. #, etc.

22 Suite 3

Suite, Apt. #, etc.

27

City & State

23 Pensacola, FL

City & State

28 Pensacola, FL

Zip

24 32503

Country

25 Escambia

Zip

29 32590

Country

30

9. Name and Address of Current Registered Agent

**MORRIS, PAUL R.
121 WEST BELMONT STREET
3040 KEATS DRIVE
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name

MORRIS, Paul R.

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

3298 Summit Blvd, Suite 3

83

3040 Keats Drive

84 City

Pensacola

FL

85 Zip Code

32503

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

Paul R. Morris - President

1-7-99

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 **MORRIS, PAUL R.**
STREET ADDRESS **3040 KEATS DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **ST** ☒ DELETE

NAME **MORRIS, BEN A.**
STREET ADDRESS **3310 LOGAN DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S** ☐ DELETE

NAME **HOPKINS, J.B.(ASST.S)**
STREET ADDRESS **314 SOUTH BAYLEN**
CITY-ST-ZIP **PENSACOLA FL**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

850-438-9622

Daytime Phone #

CR2E034 (11/98)