

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90055 047 ***158.75

DOCUMENT # 493392

1. Corporation Name

JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P
.A.

Principal Place of Business

911 CHESTNUT ST.
P.O. BOX 1368
CLEARWATER FL 34617

Mailing Address

911 CHESTNUT ST.
P.O. BOX 1368
CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1976

4. FEI Number

59-1640245

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 33756 25

29 33756 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, TIMOTHY JR.
1 LEEWARD ISLAND
CLEARWATER FL 33516

81 Name

Carol A. Hague

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

911 Chestnut Street

83

84 City

Clearwater

85 Zip Code

FL 33756

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME BURNS, GUY M
STREET ADDRESS 911 CHESTNUT STREET
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE P
NAME JOHNSON, TIMOTHY A JR.
STREET ADDRESS 1 LEEWARD ISLAND
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

TITLE VP
NAME BLAKELY, JOHN T
STREET ADDRESS 911 CHESTNUT STREET
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

President
Marion Hale
911 Chestnut Street
Clearwater, FL 33756

☒ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Secretary
Roger A. Larson
911 Chestnut Street
Clearwater, FL 33756

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marion Hale, President

4/9/99

Date

(727) 461-1818

Daytime Phone #

CR2E034 (11/98)