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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 533743

Corporation Name

PRICE & PRICE LAW GROUP, CHARTERED

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Principal Place	of Business		ing Address			·		
2400 MANATEE			MANATEE AVEW.					
P.O. BOX 1519 BRADENTON FL 34205			P.O. BOX 1519 BRADENTON FL 34205			DO NOT WRITE IN THIS SPACE		
<i>51.1,52.,</i> 1.0.,1.2						3. Date Incorporated or Qualifed		
						05/16/1977		
	ace of Business	2a. N	Mailing Address			4. FEI Number	·	lied For
21		26				59-1742155	<u>, * * * *</u>	Applicable
Suite, Apt.	#, etc.	$\vdash$	Suite, Apt. #, etc.			5. Certificate of Status Desired	″, <b>\$8.75</b> Ad Fee Red	
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City & State	<b>9</b>	—¬	City & State			6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 M Added to	
23	Country	28	Zip	Coun	trv	8. This corporation owes the current		-
Zip \	25	29	-i <b>p</b>	30	7	Personal Property Tax.		⊒No `
24	9. Name and Address of Current		red Agent	130		10. Name and Address of New Reg	gistered Agent	
	S. Hallio Gild State of the Sta				B1 Name			,
PRIC	E, L. FLOYD		ifs.	-	32 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
2400	MANATEE AVE ,W.		ij.		Street Addi	ress (F.O. Box Number is Not Acceptable	oy. Compression was progression and section	T11 4 711 -0.5
BRAI	DENTON FL 34205			Ī	B3			期際語
				_	84 City	*	85 Zip C	ode 5
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office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m.familiar with, and accept the obligat	of Florida	. Such change was	authorized	by the corporati	poration submits this statement for the purpon's board of directors. I hereby accept t	rpose of changing its r he appointment as reg	egistered istered
SIGNATURE	,					•		
SIGNATURE	Signature, typed or printed name of registered agen				gent signature require	ed when reinstating) . * ' ( , , , ,	DATE	30.0440
12.	OFFICERS AN		TORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	
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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:

MATURE AND TYPETONE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90042 036 \*\*\*150.00

141-748-0550

Daytime Phone #

P2E034 (11/98)