

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

06-24-1999 90003 009 ***150.00

07-22-1999 90018 017 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 541729			
1. Corporation Name JAMES D. O'DONNELL, ATTORNEY AT LAW, P.A.			
Principal Place of Business 1648 OSCEOLA ST JACKSONVILLE FL 32204		Mailing Address 1648 OSCEOLA ST JACKSONVILLE FL 32204	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 07/27/1977		4. FEI Number 59-1756464	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Election Campaign Financing ☐		Trust Fund Contribution ☐	
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		8. Additional Fee Required \$8.75 \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent O'DONNELL, JAMES D. 1648 OSCEOLA ST. JACKSONVILLE FL 32204		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 607.0608, Florida Statutes.			
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-naming) DATE			
12. OFFICERS AND DIRECTORS ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PDS O'DONNELL, JAMES D 1648 OSCEOLA ST. JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 and powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-99 904/387-4963

Date

Daytime Phone #

CR2E034 (11/98)