## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 557842

1. Corporation Name

CARTER, BELCOURT & ATKINSON, P.A.

Principal Place of Business 500 S FLORIDA AVE 8 FLR LAKELAND FL 33801-5271 Mailing Address

500 S FLORIDA AVE 8 FLR LAKELAND FL 33801-5271

US

## FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90040 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualifed

					02/01/19	78		,
Principal Place of Business     Za. Mailing Address					4. FEI Number		Apı	olied For
¬ ' —					59-17869	59-1786963		Applicable,
1   26   Suite, Apt. #, etc. Suite, Apt. #, etc.				_			\$8.75 A	dditional
27				5. Certificate of Status Desired			Fee Required	
City & State City & State				6. Election Campaign Financing			\$5.00	May Be
28					Trust Fund (	Contribution	Added to	o Fees
Zip	Country	Zip	Country	1	8. This corpora	tion owes the current year li		
24	25	29	30			perty Tax		□No
	9. Name and Address of Current	Registered Agent		T	10. Name and A	Address of New Registered	d Agent	
	WALL DIOLIGO II		81	Name			,	
MURVIN, RICHARD H				82 Street Address (P.O. Box Number is Not Acceptable)				
500 S FL AVE								
8TH FLOOR				;				
LAKELAND FL 33801			84	84 City			85 Zip C	Code
			1	"'		- 1 FI	LII	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	e-named c	orporation submits this	statement for the purpose of	of changing its	registered
office or r	egistered agent, or both, in the State of medical from the state of the first medical from the first of the state of the first of the f	if Florida. Such change was a	autnonzed by	tne corbor	ration's board of directo	ors. I nereby accept the app	omunent as rec	Jistereu
	The fairman with, and accept the obligation	0.10 0.1, 0.00.0				مان در این از در این از ای این از این ا	· <del>-</del>	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Age	ent signatura rec	quired when reinstating)	DATE	· · · · · · ·	
12.	OFFICERS AND		13.			CHANGES TO OFFICERS A		
TITLE	٧	Z DELETE	1.1 TITLE		$V\mathcal{D}$		Change	Addition
NAME	MCBRIDE, JR. J	·	1.2 NAME		DAVID L.	MULLINS		
STREET ADDRESS			1.3 STREE	T ADDRESS ,	500 5 FL 1	AUE 8 Th FLO	OR	
CITY-ST-ZIP	LAKELAND FL			ST-ZIP	LAKELAN	D FL		
TITLE	CD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	ATKINSON, RONALD C.		2.2 NAME		, ,			
STREET ADDRESS			2.3 STREE	T ADDRESS		• • •	- <b>-</b>	
CITY-ST-ZIP			2, 4 CITY-					
TITLE	PTD	☐ DELETE	3.1 TITLE	VI Z	<del></del>		Change	Addition
NAME	1.17		3.2 NAME					
	500 S. FL AVE 8TH FLOOR			T ADDRESS		•	,	
STREET ADDRESS	LAKELAND FL		34 CITY-					
CITY-ST-ZIP TITLE	VD VD	☐ DELETE	4.1 TITLE	31-ZIF			Change	Addition
	ADAMSON, ERIC B		4. 2 NAME		•		_ ,	:
NAME	500 S. FL AVE 8TH FLOOR			T ADDRESS	•	•	•	
STREET ADDRESS	LAKELAND FL			1				
CITY-ST-ZIP	VD	□ DELETE	4.4 CITY-5 5.1 TITLE	31-ZIP		<del> </del>	☐ Change	☐ Addition
TITLE	'-		5.2 NAME	1				
NAME	FISK, ALAN C			ET ADDRESS				
STREET ADDRESS			5.4 CITY-	l.				
CITY-ST-ZIP	LAKELAND FL	DELETE	6.4 CITY	01-ZIF			Change	Addition
TITLE	SD		6.2 NAME					
NAME	GROSSMAN, JAMES E			ĺ				
STREET ADDRESS	1			ET ADORESS				
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-			The sister Obstation 1.6 miles	المساق المالة	-formation
14. I hereby	certify that the information supplied with	h this filing does not qualify fo	or the exemp	tion stated	in Section 119.07(3)(i)	, Florida Statutes. I turther c	entry that the I	normation

4. 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 resolver 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 accuracy with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-59

Daytime Phone #

(2E034 (11/98)