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Feb 25, 1999 8:00 am  
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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 577951

1. Corporation Name  
CHRISTISON ASSOCIATES, INC.

Principal Place of Business  
4750 BRITTANY DR. SO.  
#25  
ST. PETERSBURG FL 33715

Mailing Address  
4750 BRITTANY DR. SO.  
#25  
ST. PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1978

4. FEI Number

59-1836338

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 15350 Amberly Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 15350 Amberly Dr  
Suite, Apt. #, etc.

22 1924

27 1924

23 Tampa FL  
City & State

28 Tampa FL  
City & State

24 33647 25 USA  
Zip Country

29 33647 30 USA  
Zip Country

9. Name and Address of Current Registered Agent

CHRISTISON, JAMES A  
4750 BRITTANY DR. SO.  
#25  
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name James A. Christison  
82 Street Address (P.O. Box Number is Not Acceptable)  
15350 Amberly Dr  
83 Apt 1924  
84 City Tampa FL 85 Zip Code 33647

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 James A. Christison, President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/26/99  
DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME CHRISTISON, JAMES A  
STREET ADDRESS 4750 BRITTANY DR. SO.  
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE SD  
NAME CHRISTISON, JOYCE PARR  
STREET ADDRESS 4750 BRITTANY DR. SO.  
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

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: James A. Christison, President 1/26/99 (813) 978-8669  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)