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 # 600292 1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90018 046 ***150.00

RICHARI	D S. DYER P.A.									
Principal Place	e of Business	Mailing Address			_	- t 1001iff Britt mant anten tinne renem rene diets b			911 878 61 18 9 1	
3414 HANDY RD 3414 HANDY RD										
TAMPA FL 33618 TAMPA FL 33618						DO NOT WRITE IN THIS SPACE				
	•					3. Date Incorporated or Qualifed	0.710	-	_	l
		•				10/30/1967				İ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For			
26						59-1198535	Not Applicable			1
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional			
27 27							ree Required			
City & Stat						6. Election Campaign Financing	\$5.00 May Be Added to Fees			
23	Country Zip			try	_	Trust Fund Contribution				Ì
Zip ⁻²	25 29		30	,		8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Current		1301		_	10. Name and Address of New Registered	Agent			1
				B1	Name					
	R, RICHARD S.		1	82	Street Addre	ss (P.O. Box Number is Not Acceptable)				l
3414 HANDY RD					Stiest Addie	SS (F.O. DEX PERIODS TO PER PROPERTY				
TAM	IPA FL 33618		Ī	83						
	•		ļ.	84	City		85	Zip Ci	ode	1
					-	FL	•			
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the ab	ove-r	named corpo	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	changi ntment	ng its r as regi	egistered istered	ĺ
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Statu	es.	io corporation	, , , , , , , , , , , , , , , , , , , ,		Ŭ		
SIGNATURE					_	when reinstating) DATE				1
42	Signature, typed or printed name of registered agent		E: Registered A	ugent s	ignature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIR	ECTOR	RS IN 12	Í
12.	OFFICERS AND DIRECTORS PD DELETE		_	1.1 TITLE		7,0011,010,07,010,020,10	Ch		Addition	1
NAME	DYER, RICHARD S			1.2 NAME						
STREET ADDRESS	CAAA MAMDY DD			EET AI	DORESS					1
CITY-ST-ZIP	TAMPA FL 33618			Y-ST-Z	ZIP					Ji
TITLE		☐ DELETE	2.1 TITL	E				ange	Addition	('
NAME	22		2.2 NAM	2.2 NAME						
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS]
- CITY-ST-ZIP	with the same of t			Y-31-	7/0					₹
TITLE	☐ DELETE			3.1 TITLE			☐ Cł	ange	Addition	
NAME	Ţ		3.2 NA		,					ļ
STREET ADDRESS					DORESS					l
CITY-ST-ZIP		. DELETE	3.4. CIT 4.1 TITI		ZIP		□ Ct	nange	Addition	ł
NAME NAME			•				<u> </u>			-
1	1		4. 2 NA		DDRESS					-
STREET ADDRESS										
TITLE			5.1 TITI	CITY-ST-ZIP			☐ CI	ange	Addition	1
NAME		-	5.2 NA							l
STREET ADDRESS			5.3 STA	REET A	DORESS					1
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	ZIP					
TITLE			0477	-					Addition]
NAME	ł .	☐ DELETE	6.1 TIT	.E			C	ange		
STREET ADDRESS .			6.1 (II) 6.2 NAI				Ci	ange		
STREET ADDRESS		☐ DELETE	6.2 NA	Æ	DORESS		Cł	ange	_	

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 exproration 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: