

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90061 019 \*\*\*150.00

DOCUMENT # 600717

1. Corporation Name

DRS YELVERTON, LERNER, FALLIERAS & KILBRIDE, P.A

Principal Place of Business

2818 W VIRGINIA AVE  
TAMPA FL 33607

Mailing Address

2818 W VIRGINIA AVE  
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1968

4. FEI Number

59-1230909

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

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

YELVERTON, ROBERT W.  
2818 WEST VIRGINIA AVENUE  
TAMPA FL 33607

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME YELVERTON, ROBERT  
STREET ADDRESS 2818 WEST VIRGINIA AVE.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VD  
NAME LERNER, ALEXANDER  
STREET ADDRESS 2818 WEST VIRGINIA AVE.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE SD  
NAME FALLIERAS, NICHOLAS G.  
STREET ADDRESS 2818 WEST VIRGINIA AVE.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE TD  
NAME KILBRIDE, KATHLEEN  
STREET ADDRESS 2818 WEST VIRGINIA AVE.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D  
NAME MARSTON, JOHN  
STREET ADDRESS 2818 W VIRGINIA AVE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D  
NAME JOSEY, MARY LEE  
STREET ADDRESS 2818 W VIRGINIA AVE  
CITY-ST-ZIP TAMPA FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Jaeger, Michael W.  
1.3 STREET ADDRESS 2818 W. Virginia Avenue  
1.4 CITY-ST-ZIP Tampa FL 33607

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Minton, David C.  
2.3 STREET ADDRESS 2818 W. Virginia Avenue  
2.4 CITY-ST-ZIP Tampa FL 33607

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Marston  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/99 913-972-8551

CR2E034 (11/98)