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

DOCUMENT # 601905

1. Corporation Name

SEVERS STADLER & HARRIS PA

OLVEI1O,	OTABLEIT & TIVILIO, 1 VV						
Principal Place	of Business	Mailing Address				B)((8)8() 8(8() 8(8)) 6(4) 4	
509 PALM AVENUE 509 PALM AVENUE TITUSVILLE FL 32796 TITUSVILLE FL 32796					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed 01/23/1970		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21 /82	O GANDEN ST	26			59-1287360		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8.75 / Fee Re	
22		27 Cit. 9 State					
City & State	y & State City & State				Election Campaign Financing Trust Fund Contribution	55.00 Added	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the currer	nt year Intangible	!
24 327	96 25 USA	29	30		Personal Property Tax.	☐Yes	□No
Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent	
OTAI	NED DICHARD E			81 Name 2	CHAND E. STAR	LEVL	
STADLER, RICHARD E 509 PALM AVENUE				82 Street Addr	ress (P.O. Box Number is Not Acceptab		
TITUSVILLE FL 32796				83	O' GANDEN STI	(** _ 	
1110	OVICEE I E GE/ GO			63			
				84 City T T	TUJUILLE ?	FL 85 Zip 6	286
-45	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obligat	of Elocido. Such change was al	ITHANTE	i ny ina comoraik	poration submits this statement for the poon's board of directors. I hereby accept	tile appointment as to	registered gistered
SIGNATURE	MIN CHIM	2 RICHAN	0	. STAN		1/17/99	
	Signature, typed or printed name of registered agen			Agent signature require		OFFICAND DIRECTO	DC 14.42
_12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	Addition
TITLE	VD		1 1 TI				
NAME	SEVERS, DWIGHT W.		1.2 N				
STREET ADDRESS	509 PALM AVENUE		1	TREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32796		_	TY-ST-ZIP		Change	Addition
TITLE	PD	☐ DELETE	2.1 Ti	TLE		Change	Addition
NAME	STADLER, RICHARD		2.2 N	AME			
STREET ADDRESS	509 PALM AVENUE		2.3 S	TREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32796			ITY-ST-ZIP		- Channa	- Addition
TITLE	SD	☐ DELETE	3.1 Ti	TLE		Change	☐ Addition
NAME	HARRIS, JOHN M		3.2 N	AME			
STREET ADDRESS	509 PALM AVENUE		3.3 S	TREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL		_	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change	☐ Addition
NAME			4.2 N	AME			

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.

4.3 STREET ADDRESS

5.3 STREET ADORESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90069 043 ***150.00

Change

Change

☐ Addition

Addition