

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90012 001 ***150.00

DOCUMENT # 602028

1. Corporation Name

BURG, ECKSTEIN AND FLOYD, P.A.

Principal Place of Business
5481 SEMINOLE BOULEVARD
SEMINOLE FL 34642

Mailing Address
5481 SEMINOLE BOULEVARD
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1970

4. FEI Number

59-1286444

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 33772 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33772 29 Country

9. Name and Address of Current Registered Agent

BURG, ROBERT D DDS
5481 SEMINOLE BLVD
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name

Eckstein, Paul F.

82 Street Address (P.O. Box Number is Not Acceptable)

5481 Seminole Boulevard

83

84 City

Seminole

FL

85 Zip Code
33772

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

Paul F. Eckstein

DATE

4-20-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BURG, ROBERT D
STREET ADDRESS 5481 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL
☒ DELETE

TITLE VD
NAME ECKSTEIN, PAUL F
STREET ADDRESS 5481 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL
☐ DELETE

TITLE STD
NAME FLOYD, DON G
STREET ADDRESS 5481 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE PD
2.2 NAME Eckstein, Paul F.
2.3 STREET ADDRESS 5481 Seminole Blvd.
2.4 CITY-ST-ZIP Seminole, FL 33772
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE VSTD
4.2 NAME O'Callaghan, Kevin
4.3 STREET ADDRESS 5481 Seminole Blvd.
4.4 CITY-ST-ZIP Seminole, FL 33772
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Paul F. Eckstein 4-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)