

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**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90042 032 \*\*\*150.00

DOCUMENT # 603479

1. Corporation Name  
**HARRY A. BLAIR, P.A.**

Principal Place of Business

2180 W FIRST ST  
STE 401  
FT MYERS FL 33901  
US

Mailing Address

2180 W FIRST ST  
STE 401  
FT MYERS FL 33901  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1972

4. FEI Number

59-1393025

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BLAIR, HARRY A  
2138 40 HOOPLE ST  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

2180 W. FIRST STREET  
SUITE 401

83 City

FORT MYERS

84 State

FL

85 Zip Code

33901

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]*

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 PTD  
NAME BLAIR, HARRY A.  
STREET ADDRESS 2138-40 HOPPLE STREET  
CITY-ST-ZIP FT. MYERS FL

TITLE S  
NAME BLAIR, HARRY A  
STREET ADDRESS 2138-40 HOOPLE STREET  
CITY-ST-ZIP FORT MYERS FL

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

1.1 TITLE PTD  
1.2 NAME BLAIR, HARRY A.  
1.3 STREET ADDRESS 2180 W. FIRST ST.; STE. 401  
1.4 CITY-ST-ZIP Fort Myers, FL 33901

2.1 TITLE S  
2.2 NAME BLAIR, HARRY A.  
2.3 STREET ADDRESS 2180 W. FIRST ST.; STE. 401  
2.4 CITY-ST-ZIP FORT MYERS, FL 33901

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.7.99 941-334-2268  
Date Daytime Phone #

CR2E034 (1/98)