## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 5780 S W 20TH STREET OCALA FL 34474



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90008 008 \*\*\*550.00

DOCUMENT # 603727

2. Principal Place of Business 21 4650 NW Co.Ro.#316

FOX AND STONE, M.D., P.A.

Mailing Address	
P.O. BOX 771809	
OCALA FL 34477-1809	

771809

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

Date incorporated or Qualified 09/29/1972
 FEI Number

59-1415724

592752 - 90008 - 8

7000	// /	20 174 100 /				
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etć.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Ciby& State		6. Election Campaign Financing	\$5.00 May Be	
23 RED		28 OCALA, F	·L.	Trust Fund Contribution	Added to Fees	
Zip 24 3268	Country Country	Zip 29 34477-1809	Country S.A.	<ol> <li>This corporation owes the current Intangible Personal Property.</li> </ol>	ent year Yes XNo	
24 2 4 6 6	9. Name and Address of Current			10. Name and Address of New R	egistered Agent	
# V	81 Name TAY T ROLL S					
FOX, I RONALD			82 Street Adates (P.Q. Box Number is Not Acceptable)			
5780 S W 20TH STREET			3310 S.W. 34 5T.			
OCA	LA FL 34474		83			
			04 01		as Zin Code	
				CALA	FL   34474	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes	i, the above-named corp thorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
agent. I a	m familiar with, and accept the obligat	ions of, section 607.0505, Flor	ida Statutes.		7.3	
SIGNATURE						
	Signature, typed or printed name of registered agent		E. Registered Agent signature re		FICERS AND DIRECTORS IN 12	
12.	PD OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OF	Change Addition	
TITLE	FOX, I RONALD	DELETE				
NAME	-		1.2 NAME	2210 0111, 34	er ST.	
STREET ADDRESS	5780 SW 20TH ST.		1.3 TREET ADDRESS	3310 0 0 7	עדעע	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST(ZIP)	3310 S.W. 34 OCALA, FL. 39	Change Addition	
TITLE	S NORTH	DELETE	2.1 TITLE		Change   Addition	
NAME	GIBSON, NORA		22 NAME	11150 N.W. Coll	Ro.#316	
STREET ADDRESS	5780 SW 20TH ST.		2.3 STREET ADDRESS	763	3 24 86-0024	
CITY-ST-ZIP	OCALA FL		24 OTY-ST-ZIP	4650 N.W. Co., REDDICK, FL. 3310 SW 345 OCALA, FL. 34	27000:0097	
TITLE	VD	DELETE	3.1 TITLE		Change Addition	
NAME [	STONE, IRA M		3.2 NAME	331 DAIL 341	2 87.	
STREET ADORESS	5780 SW 20TH ST.		3.3 TREET ADDRESS	3310 DW 37-		
CITY-ST-ZIP	OCALA, FL 00000		3.4 CITY-ST(ZIP)	OCALA, FL. 29	1919	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ŽIP			
TITLE		DELETE	6.1 TITLE	<del></del> -	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	rtify that the information supplied with t	his filing does not qualify for th		ection 119.07(3)(i), Florida Statutes. I fur	ther certify that the information	
indicated o an officer o in Block 12	n this annual report or supplemental a or director of the corporation or the rec or Block 13 if changed, or on an attack	neual report is true and accura ther or trustee empowered to chinent with an address.	ate and that my signatu execute this report as r	ection 119.07(3)(i), Fronda Statutes. 11gr re shall have the same legal effect as if required by Chapter 607, Florida Statute	made under oath; that I am is; and that my name appears	