


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).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90016 035 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 604114** ✓

1. Corporation Name  
**EDWIN I. FORD, P.A.**

Principal Place of Business 2310 W. BAY DRIVE LARGO FL. 34640	Mailing Address 2310 W. BAY DRIVE LARGO FL. 34640
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1305 PINE VISTA DR</b>	2a. Mailing Address 26 <b>1305 PINE VISTA DR</b>
Suite, Apt. #, etc. 22 <b>LARGO, FLORIDA</b>	Suite, Apt. #, etc. 27 <b>LARGO, FLORIDA</b>
City & State 23 <b>33770</b>	City & State 28 <b>33770</b>
Zip 24	Country 25 <b>PINELLAS</b>
Zip 29	Country 30 <b>PINELLAS</b>

3. Date Incorporated or Qualified  
**01/30/1973**

4. FEI Number  
**59-1439377**

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.  Yes  No

9. Name and Address of Current Registered Agent

**FORD, EDWIN I.**  
**2310 WEST BAY DRIVE**  
**LARGO FL. 33770**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1305 Pine Vista Drive**

83

84 City **Largo** FL 85 Zip Code **33770**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE DPS	<input type="checkbox"/> DELETE
NAME FORD, EDWIN I.	
STREET ADDRESS 2310 W. BAY DRIVE	
CITY-ST-ZIP LARGO FL.	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME CARLISLE, CAROL R.	
STREET ADDRESS 2944 W BAY DR #301	
CITY-ST-ZIP BELLEAIR BLUFFS FL.	
TITLE <del>Robert P. Symanski</del>	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1305 Pine Vista Drive</b>
1.4 CITY-ST-ZIP	<b>Largo FL 33770</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Robert P. Symanski</b>
3.3 STREET ADDRESS	<b>1700 McMillan Bay Rd Suite D4</b>
3.4 CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **EDWIN I FORD** DATE: **7-19-99** (727) 585-9315

CR2E034 (5/99)