

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90008 031 ***150.00

DOCUMENT # 604931

1. Corporation Name

HARPER, KYNES, GELLER, WATSON & BUFORD, P.A.

Principal Place of Business

2560 GULF TO BAY BLVD.
SUITE 300
CLEARWATER FL 34625

Mailing Address

2560 GULF TO BAY BLVD.
SUITE 300
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1974

4. FEI Number

59-1509576

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.

23 City & State

24 Zip

33765

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

33765

Country

30

9. Name and Address of Current Registered Agent

KYNES, C. ALLEN, JR.
2560 GULF TO BAY BLVD.
SUITE 300
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

33765

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE VTD
NAME GELLER, JACK J.
STREET ADDRESS 2560 GULF TO BAY BLVD.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VSD
NAME KYNES, C ALLEN, JR.
STREET ADDRESS 2560 GULF TO BAY BLVD.
CITY-ST-ZIP CLEARWATER, FL 0

☐ DELETE

TITLE PD
NAME HARPER, J. BRUCE
STREET ADDRESS 2560 GULF TO BAY BLVD
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VD
NAME BUFORD, CHARLES A.
STREET ADDRESS 2560 GULF TO BAY BLVD.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VD
NAME WATSON, DENNIS J
STREET ADDRESS 2560 GULF TO BAY BLVD.
CITY-ST-ZIP CLEARWATER, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

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

33765

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

33765

☐ Change ☒ Addition

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

33765

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

33765

☒ Change ☐ Addition

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

33765

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Allen Kynes, Jr.

1/5/99

(727) 799-4840

Date

Daytime Phone #

CR2E034 (11/98)

0418260