

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

99 MAR -4 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 674668

1. Corporation Name

INGLEY, CAMPBELL, MOSES AND ASSOCIATES, INC.

Principal Place of Business

804 SOUTH MAIN ST.
GAINESVILLE FL 32601

Mailing Address

804 SOUTH MAIN ST.
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1980

4. FEI Number

59-2006400

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

INGLEY, HERBERT A III
3228 NW 57TH TERRACE
GAINESVILLE FL 32605

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 607.0609, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and file if applicable

NAME Registered Agent signed and required when retaining

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
INGLEY, HERBERT A III
3228 N.W. 57 TERRACE
GAINESVILLE, FL 0

☐ DELETE

11. TITLE

12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

VST
MOSES, FRANCIS W
1523 N W 52ND TERR
GAINESVILLE, FL 0

☐ DELETE

21. TITLE

22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

DV
CAMPBELL, ARTHUR V.
3044 S.W. 70TH LANE
GAINESVILLE FL

☐ DELETE

31. TITLE

32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41. TITLE

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51. TITLE

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61. TITLE

62. NAME
63. STREET ADDRESS
64. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)