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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90210 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 686136

1. Corporation Name
ALBERT P. LIMA, P.A.

Principal Place of Business

% ALBERT P. LIMA
620 TWIGGS ST.
TAMPA FL 33602-3938
US

Mailing Address

% ALBERT P. LIMA
620 TWIGGS ST.
TAMPA FL 33602-3938
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1980

4. FEI Number

59-2037658

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

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

LIMA, ALBERT P.

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

17912 Pepper Tr LA

83.

84. City

Lutz

FL

85. Zip Code

33549

2. Principal Place of Business

21 17912 Pepper Tr LA

Suite, Apt. #, etc.

22 ~~620~~

City & State

23 Lutz FL

Zip

24 33549

Country Hillsborough

2a. Mailing Address

26 17912 Pepper Tr LA

Suite, Apt. #, etc.

27 ~~620~~

City & State

28 Lutz FL

Zip

29 33549

Country Hillsborough

9. Name and Address of Current Registered Agent

LIMA, ALBERT P.
620 TWIGGS STREET
TAMPA FL 33602

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

4-15-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LIMA, ALBERT P.
STREET ADDRESS 620 TWIGGS STREET
CITY-ST-ZIP TAMPA FL

TITLE ST ☐ DELETE

NAME LIMA, JUDITH E.
STREET ADDRESS RT. 2, BOX 1604A
CITY-ST-ZIP LUTZ FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE *Albert P. Lima Pres.*

4-15-99 (813) 948-3807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)