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Mar 17, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 693516

1. Corporation Name
ANDREW M. TOBIN, P.A.

Principal Place of Business
**FIRST STATE BANK BLDG.
MILE MARKER 98
KEY LARGO FL 33037**

Mailing Address
**FIRST STATE BANK BLDG.
MILE MARKER 98
KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1981

4. FEI Number
59-2111493

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
21 88101 OVERSEAS HWY

Suite, Apt. #, etc.

City & State
23 ISLAMORADA, FL

Zip
24 33036

Country

9. Name and Address of Current Registered Agent

**TOBIN, ANDREW M.
FIRST STATE BANK BLDG.
MILE MARKER 98
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name **88101 OVERSEAS HWY**

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

83

84 City **ISLAMORADA** FL 85 Zip Code **33036**

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 **ANDREW M. TOBIN** (NOTE: Registered Agent Signature required when reinstating) DATE **1/11/99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **TOBIN, ANDREW M.**
STREET ADDRESS **97860 OVERSEAS HWY**
CITY-ST-ZIP **KEY LARGO 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: **ANDREW M. TOBIN** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE **1/11/99** DAYTIME PHONE # **505/852-3388**

CR2E034 (11/98)