

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90011 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F34578

1. Corporation Name
DIVITO & HIGHAM, P.A.

Principal Place of Business
% FREDERICK A HIGHAM, JR
4514 CENTRAL AVENUE
ST PETERSBURG FL 33711

Mailing Address
% FREDERICK A HIGHAM, JR
4514 CENTRAL AVENUE
ST PETERSBURG FL 33711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/13/1981	
21		26		4. FEI Number 59-2092578	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent HIGHAM, FREDERICK A., JR 4514 CENTRAL AVENUE ST PETERSBURG FL 33711				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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DIVITO, JOHN J	1.2 NAME	
STREET ADDRESS	13300 IND ROCKS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PSDT ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DIVITO, JOSEPH A	2.2 NAME	P.D. Joseph A Divito
STREET ADDRESS	12885 LOIS AVE	2.3 STREET ADDRESS	4514 CENTRAL AVE
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	ST PETE FL 33711
TITLE	VD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HIGHAM, FREDERICK A	3.2 NAME	S.T.M.D. Frederick A Higham, Jr
STREET ADDRESS	11245 TRADEWINDS BLVD.	3.3 STREET ADDRESS	4514 CENTRAL AVE
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	ST. PETE - FL 33711
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

4-29-99
Date

(727) 321-1201
Daytime Phone #

CR2E034 (11/98)