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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 # F51065

1. Corporation Name

DRS. HOLLER, HINES, ASHWOOD AND RECKSON, P.A.

Principal Place of Business

931 N SPRING GARDEN AVE
DELAND FL 32720-2560
US

Mailing Address

931 N SPRING GARDEN AVE
DELAND FL 32720-2560
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1981

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2131985

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RECKSON, CHARLES E M.D.
1780 DOOLITTLE COURT
DAYTONA BEACH FL 32124

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 ☐ DELETE

NAME **S**
HOLLER, WILLIAM E III
STREET ADDRESS RT 6 2121 HONTOON RD
CITY-ST-ZIP DELAND FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **EVP**
ASHWOOD, EDWARD L
STREET ADDRESS 2160 HIGHLAND AVE
CITY-ST-ZIP DELAND FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **P**
RECKSON, CHARLES E
STREET ADDRESS 1780 DOOLITTLE CT.
CITY-ST-ZIP DAYTONA BEACH FL 32124

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **T**
HINES, KENNETH K JR
STREET ADDRESS 150 WINNEMISSETT DR
CITY-ST-ZIP DELAND FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
BUSH, JEFFREY J
STREET ADDRESS 2789 CONYERS CT
CITY-ST-ZIP DELTONA FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
ENGELKEN, JOHN D
STREET ADDRESS 527 HEMINGWAY CT
CITY-ST-ZIP DELAND FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR ☐ Change ☒ Addition

ATAY K. VERMA
2041 YORKSHIRE SOUTH
DELAND, FL 32724

☐ Change ☐ Addition

☒ Change ☐ Addition

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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:

Charles E. Reckson

1-20-99 904 738-0488

CR2E034 (11/98)