05-01-1999 90009 030 ***150.00

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

DOCUMENT # F69273

1. Corporation	Name OSE/O							
STILES, TAYLOR & GRACE, P.A.								
							! a.i. ii a.i.i i a.i. ii i	
Principal Place of Business Mailing Address						T (D	I WIDIA BIBN WIDII 1	
% MARY ANN STILES % MARY ANN STILES								
315 PLANT AVENUE 315 PLANT AVENUE								
TAMPA FL 33606 TAMPA FL 33606						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/02/1982		ulice For
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	oplied For ot Applicable
21 26 Suite Act # etc						59-2168000		Additional
Suite, Apt. #, etc.			•			5. Certificate of Status Desired	Fee Re	
27 27 City & State City & State						6. Election Campaign Financing		May Be
¬ **, ** * ***						Trust Fund Contribution		to Fees
23 Zip	Zip	Country			A This corporation owes the current year Intangible			
24			30	¬		Personal Property Tax.	☐ Yes	□No
24}	g Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
	3			81	Name			
STILES, MARY ANN				82 Street Address (P.O. Box Number is Not Acceptable)				
315 PLANT AVENUE				02	Street Addre	ess (F.O. Box Number is Not Acceptable)		
TAMPA FL 33606				83				
						<u> </u>	es Zin	Code
1. Carter 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				FL 85 Zip Code			Code.	
	- #	2 and 607.1508, Florida Statut	es, the at	bove	-named corpo	oration submits this statement for the purpose	of changing its	registered
 office or r 	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was a	uthorized	i by t	ne corporatio	on's board of directors. I hereby accept the app	oointment as re	gistered
ŭ								ļ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent	signature required	d when reinstating) DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	☐ DELETE	1.1 7(1	TLE			☐ Change	☐ Addition
NAME	STILES, MARY ANN		1.2 NA	ME				
STREET ADDRESS	315 PLANT AVENUE		1.3 ST	1.3 STREET ADDRESS				
CITY-ST-ZIP			_	TY-ST	-ZIP		Change	Addition
TITLE			2.1 TII				Change	Addition }
NAME	OTELO, INVITATION		2.2 NA	ME		•		
STREET ADDRESS	315 PLANT AVENUE			2.3 STREET ADDRESS				}
CITY-ST-ZIP -	TAMPA FL			ITY-ST	r-ZIP		Change	Addition
TITLE	VPD	☐ DELETE	3.1 111				□ Criatige	☐ Addition
NAME	TAYLOR, RAYFORD H.		3.2 NA					
STREET ADDRESS	108 E. JEFFERSON, SUITE B				ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			ITY-ST	r-zip		☐ Change	Addition
TITLE	DVP	☐ DELETE	4.1 TIT				☐ Change	
NAME	GRACE, ROBERT		4. 2 N			•		ļ
STREET ADDRESS	315 PLANT AVENUE	•			ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606	⊠ DELETE		TY-ST	-ZIP		☐ Change	Addition
TITLE	DVP	ASS DELETE	5.1 TIT 5.2 NA				go	
NAME	SMITH, KAREN M	DEA			ADDRESS			
STREET ADDRESS	111 N ORANGE AVENUE STE	000	1	TY-ST				
CITY-ST-ZIP	ORLANDO FL 32801	☐ DELETE	6.1 TII				Change	Addition
TITLE			6.2 N					_
NAME	, <i>,</i>				ADDRESS			
STREET ADDRESS				TY-ST				
CITY-ST-ZIP			0.4 (.)					

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 affectment with an address, with all other like empowered.