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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F92165

1. Corporation Name

TOBA M. SMITH, P.A.

							EST OLDIN APERI I	
Principal Place of Business • Mailing Address								
5200-C NEWBERRY ROAD 10424 SW 41ST PLACE								
GAINESVILLE FL 32607		GAINESVILLE FL 32608				DO NOT WRITE IN THIS SPACE		
US US				3. Date incorporated or Qualifed				
						07/27/1982		- 1
<u> </u>						4. FEI Number		unlied For
	lace of Business	2a. Mailing Address						plied For
21		26				59-2207419		ot Applicable
			, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	I
22		27					Fee Re	edriirea
City & State	e _	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inta	ingipie	100
24			30			Personal Property Tax.		
	9. Name and Address of Curre	. 				10. Name and Address of New Registered A	Agent	_
				81 Na	ame			
SMIT	rh, toba m.							
10424 SW 41 ST PLACE			82 Street Ad		reet Addre	ss (P.O. Box Number is Not Acceptable)		
	NESVILLE FL 32608			83				
GAIN	NESVILLE FL 32000	•		83				ļ
				84 Ci	tv		85 Zip	Code
					•		<u> </u>	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the a	oove-na	med corpo	ration submits this statement for the purpose of	changing its	registered
office or re	registered agent, or both, in the State	e of Florida, Such change was a ations of Section 607 0505. Flo	utnonzeo rida Stat	i by the i ites.	corporation	i's board of directors. I hereby accept the appoin	ittiterit as re	gistered
agent. I a	in tamila with, and accept the oblig					•		J
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered	Agent sign	ature required v	when reinstating) DATE		
	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS	Registered	Agent sign	ature required v	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
12.	OFFICERS A	······································			ature required		D DIRECTO	DRS IN 12
12. mle	OFFICERS AI	ND DIRECTORS	13.	LE	ature required v			
12. TITLE NAME	PVS SMITH, TOBA M	ND DIRECTORS	13. 1.1 TI 1.2 N/	LE ME				
12. TITLE NAME STREET ADDRESS	PVS SMITH, TOBA M 5200-C NEWBERRY RD	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	LE ME REET ADD				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SMITH, TOBA M	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	LE ME REET ADDI			Change	☐ Addition
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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.

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90011 006 ***150.00