

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90025 017 \*\*\*150.00

DOCUMENT # **F98000006102**

1. Corporation Name  
**PENDER AND COWARD, A PROFESSIONAL CORPORATION**



Principal Place of Business

Mailing Address

192 BALLARD COURT, FOURTH FLOOR  
GREENWICH CENTRE  
VIRGINIA BEACH VA 23462

192 BALLARD COURT, FOURTH FLOOR  
GREENWICH CENTRE  
VIRGINIA BEACH VA 23462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1998

4. FEI Number

54-1447658

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DINKIN, MITCHELL A ESQUIRE  
8295 NORTH MILITARY TRAIL SUITE A  
PALM BEACH GARDENS FL 33410-6312

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	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONERGAN, JAMES B	1.2 NAME	
STREET ADDRESS	8600 ATLANTIC AVENUE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	VIRGINIA BEACH VA 23451	1.4 CITY-STATE-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLE, CHARLES M	2.2 NAME	
STREET ADDRESS	1238 ALANTON DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	VIRGINIA BEACH VA 23454	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, MARK E	3.2 NAME	
STREET ADDRESS	878 FIVE FORKS ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	VIRGINIA BEACH VA 23455	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDISON, H. L	4.2 NAME	
STREET ADDRESS	1902 FOXHOUND LN	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NORFOLK VA 23518	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVALL, RANDOLPH C	5.2 NAME	
STREET ADDRESS	833 WINWOOD DR.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	VIRGINIA BEACH VA 23451	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, DAVID L	6.2 NAME	
STREET ADDRESS	924 WINDSOR ROAD	6.3 STREET ADDRESS	
CITY-STATE-ZIP	VIRGINIA BEACH VA 23451	6.4 CITY-STATE-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 change of, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 757-490-6271

Date

Daytime Phone #

CR2E034 (1/98)