

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G03496

1. Corporation Name

DUANE SCARBOROUGH, D.C., P.A.

Principal Place of Business

% DUANE SCARBOROUGH
1311 S. US #1
ROCKLEDGE FL 32955

Mailing Address

% DUANE SCARBOROUGH
1311 S. US #1
ROCKLEDGE FL 32955



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1982

4. FEI Number:

59-2231491

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. ☐ Yes ☐ No

2. Principal Place of Business

21 **P.O. Box 560937**

Suite, Apt. #, etc.

22 **620 BARNES BLVD**

City & State

23 **ROCKLEDGE, FL**

Zip

24 **32956-0937**

Country

25 **BREV**

2a. Mailing Address

26 **P.O. Box 560937**

Suite, Apt. #, etc.

27 **620 BARNES BLVD**

City & State

28 **ROCKLEDGE, FL**

Zip

29 **32956-0937**

Country

30 **BREV**

9. Name and Address of Current Registered Agent

**SCARBOROUGH, DUANE
1311 SOUTH U S 1
ROCKLEDGE FL 32955**

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

TITLE **PST** ☐ DELETE
NAME **SCARBOROUGH, DUANE**
STREET ADDRESS **2283 COX RD**
CITY-ST-ZIP **COCOA FL**

TITLE **D** ☐ DELETE
NAME **SCARBOROUGH, DUANE**
STREET ADDRESS **2283 COX RD**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: **Duane Scarborough** **DUANE SCARBOROUGH** **7/13/99** **(407) 636-3572**

CR2E034 (5/99)

Dr. Duane Scarborough

CHIROPRACTIC PHYSICIAN
POST OFFICE BOX 560937
620 BARNES BLVD
ROCKLEDGE, FL 32956-0937
TELEPHONE: 407-636-3572

593628-90009-34
603496

July 13, 1999

Division of Corporations
Annual Report Filings
P O Box 6327
Tallahassee, FL 32314

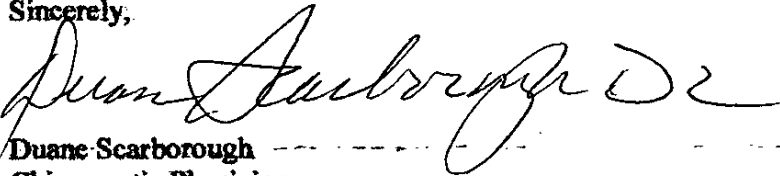
To Whom It May Concern:

I recently received my annual report form and a notice it was late. I believe the problem lies within your office. If you will refer to the copy of the enclosed address label sent by your office, you will notice the incorrect address. Therefore, the reason I had not received the form in a timely manner.

Also, I left the 1311 old address in November 1997. I was at my new location when I filed last year's report. I do not know why 1999's was sent to the old address.

In closing, I spoke with a nice lady named Mellisa at (850) 88-9000 earlier today regarding this matter. She told me to write "amended" on the form, send in the 150.00 regular fee in the furnished envelope and forward a letter of explanation relative to what had taken place. Thus, the reason for my correspondence. Also, please be advised, I have changed the mailing address on the annual report form and this should alleviate any future problems.

Sincerely,



Duane Scarborough
Chiropractic Physician

CC: file
Enclosed copy with report form

copy for reference