


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90116 014 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G09623</b>					
1. Corporation Name <b>B.H. TUCKER, P.A.</b>					
Principal Place of Business <b>% BOBBY H. TUCKER 208 N. PARROTT AVE. OKEECHOBEE FL 34972</b>			Mailing Address <b>% BOBBY H. TUCKER 208 N. PARROTT AVE. OKEECHOBEE FL 34972</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/24/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2269067	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>TUCKER, BOBBY H. 208 NORTH PARROTT AVE. OKEECHOBEE FL 34972</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>P</b>			1.2 NAME		
STREET ADDRESS <b>TUCKER, BOBBY H.</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>208 N. PARROTT AVE.</b>			1.4 CITY-ST-ZIP		
CITY-ST-ZIP <b>OKEECHOBEE FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			2.2 NAME		
NAME <b>ST</b>			2.3 STREET ADDRESS		
STREET ADDRESS <b>TUCKER, PAMELA G.</b>			2.4 CITY-ST-ZIP		
CITY-ST-ZIP <b>208 N. PARROTT AVE.</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>OKEECHOBEE FL</b>			3.2 NAME		
TITLE <input type="checkbox"/> DELETE			3.3 STREET ADDRESS		
NAME			3.4 CITY-ST-ZIP		
STREET ADDRESS			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			4.2 NAME		
TITLE <input type="checkbox"/> DELETE			4.3 STREET ADDRESS		
NAME			4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			5.2 NAME		
TITLE <input type="checkbox"/> DELETE			5.3 STREET ADDRESS		
NAME			5.4 CITY-ST-ZIP		
STREET ADDRESS			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			6.2 NAME		
TITLE <input type="checkbox"/> DELETE			6.3 STREET ADDRESS		
NAME			6.4 CITY-ST-ZIP		
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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/99 541-763-4010  
Date Daytime Phone #

CR2E034 (11/98)