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

PROFIT CORPORATION ' ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # G12469

1. Corporation Name

RICHARD J. FULLER, C.P.A., P.A.

				•						
Principal Place	e of Business	Maili	ing Address				- F 1004101 0001 41010 11010 01110 01110 1011 0111) 6 11 6 1 6 11 6 141		
2240 BELLEAIR CLEARWATER F			Belleair RD. Ste. 29 Rwater FL 34624	95						
							DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed			
							12/08/1982			
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number		pplied For	
21	·	26					59-2240866		ot Applicable	
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.	, -	-	ولئ يوالونين الدام	5. Certificate of Status Desired		Additional tequired	
City & Stat	e	1	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added	to Fees	
Zip	Country	Z	Zip	Col	untry		8. This corporation owes the current year Int		_	
24	25	29		30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registe	red Agent		ļ.,		10. Name and Address of New Registered	Agent		
					81	Name				
FULLER, RICHARD J					82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
2240 Belleair Rd. Ste. 295							517 1051 000 (1 · 5 · 5 5 × 1 · 6 · 1			
CLEARWATER FL 34624					83					
					84	City		85 Zip	Code	
	•				04	City	FŁ	_ 65 24	0000	
office or r	egistered agent, or both, in the State on the state of the colligation of the collins of th	of Florida ions of, S	, Such change was a Section 607.0505, Flo	utnorize rida Sta	a by tutes.	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose o	ntment as n	agistered .	
40	Signature, typed or printed name of registered agent OFFICERS ANI			13.		ir zičnarnie rednired	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECT	ORS IN 12	
TITLE	PST OFFICERS AND	DIKEC	DELETE		TTLE	<u> </u>	ADDITIONS/OTHEROES TO STATE OF THE PARTY	Change		
					AME			_ ,	_	
NAME	FULLER, RICHARD J					ADORESS				
STREET ADDRESS	2240 BELLEAIR RD. STE. 295					1				
CITY-ST-ZIP	CLEARWATER, FL 33516 33764	·	☐ DELETE	_	CITY-S	T-ZIP		Change	☐ Addition	
TITLE	D		□ DELETE	1	TTLE			C Guango		
NAME	FULLER, RICHARD J			1	AME				ļ	
STREET ADDRESS	2240BELLEAIR RD STE 295		<u> </u>			ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33516 33764	•	רין סבן בייר	_	CITY-S	ST-ZIP		Change	Addition	
TITLE			DELETE	3.1 T						
NAME					AME					
STREET ADDRESS	}					TADDRESS	· ·			
CITY-ST-ZIP				_	CITY-S	T-ZIP		Change	Addition	
TITLÉ			☐ DELETE		MLE			□ cuange		
NAME					NAME		•			
STREET ADORESS				4.3 9	TREET	T ADDRESS				
CITY-ST-ZIP					TY-S	T-ZIP				
TITLE			☐ DELETE		ITLE			Change	Addition	
NAME					VAME		΄,			
STREET ADDRESS						TADDRESS				
CITY-ST-ZIP				5.4 (CITY-S	T-ZIP				

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. Forida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

☐ Change

☐ Addition

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90221 027 ***150.00