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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

Principal Place of Business

**DOCUMENT # G24689** 

RICHARD E. COOLEY II, P.A.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 07, 1999 8:00 am Secretary of State

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1515 RINGLING	-BCVD	1515 RINGLING BLVB				
SUITE 890	04000	SUITE 890 SARASOTA FL 34236			DO NOT WRITE IN THIS SPA	ACE
sapasota fl ais	34230	MANAGOTA TE 34230			3. Date Incorporated or Qualifed	
-00		7-0			02/18/1983	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
136	A		SSIER	- WAY	59-2250846	Not Applica
Suite, Apt.		Suite, Apt. #, etc.		<del>,</del>	<u> </u>	8.75 Additiona
22	.,, ===:	27			5. Certifcate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
3 SARA		28 SARASOTA	. FL	•	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	<del></del>	8. This corporation owes the current year Intangil	ble
4 342	39 25 US	29 34239	كـل [30	·	Personal Property Tax.	Yes XNo
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Age	nt
			81	Name		
	oley, richard e II		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	TANGIER WAY		02	Sugar Addit	COD (1 .C. DOX ITGINDO: 10 ITGIT DOOPHADIO)	
SAR	ASOTA FL 34239		83			
			-	0.5		5 Zip Code
			84	City	FL \s^	Zip Code
agent. 1 a	m familiar with, and accept the obliga		_		f when reinstating) DATE	
	Signature, typed or printed name of registered age			nt signature required	ADDITIONS/CHANGES TO OFFICERS AND D	IDECTORS IN 1
12.		ID DIRECTORS	13.			Change [] Add
TITLE	PD SOLEY BIGHARD F. II	□ nere ie	1.1 TITLE	ľ	۔ا	Ottoride Ditte
NAME	COOLEY, RICHARD E., II	000	1.2 NAME			
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STREET ADDRESS			6.4 CITY-1			
CITY-ST-ZIP	1		0.4 CHY-3	31-LIP	_	

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 eddress, with all other like empowered.

SIGNATURE:

(941) 928-4609