**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90048 013 \*\*\*150.00

## 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

## DOCUMENT # **G38984**

BLANK,	RIGSBY & MEENAN, P.A.					
Principal Place	e of Business	Mailing Address			DIBIL BIBIL DIBIL BIB	iti Bibit ibai
204 S. MONROE STREET TALLAHASSEE FL 32301-1876 US 204 S. MONROE STREET TALLAHASSEE FL 32301-1876 US			876	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
		10- M-11:- Add		05/17/1983 4. FEI Number	1 1 1	lied For
	lace of Business	2a. Mailing Address		59-2291786	<u> </u>	Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	Iditional
City & State		City & State		6. Election Campaign Financing	\$5.00 M	
23	<b>.</b>	28		Trust Fund Contribution	Added to	, ,
Zip 24	Country 25	Zip	Country 30	This corporation owes the current year In Personal Property Tax.		⊒No
	9. Name and Address of Current			10. Name and Address of New Registered	f Agent	
			81 Name		•	
	NK, F. PHILIP S. Monroe Street		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32301		83			
			24 2		los l zin Co	
			84 City	۴۱	<b>L 85</b> Zip Co	NGO
office or n agent. I as SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations of the state of the sta	of Florida. Such change was a ions of, Section 607.0505, Florida.	authorized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint the purpose of the pu	intment as regis	stered
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change	Addition
NAME	BLANK, F. PHILIP			GEOFF SUM		}
STREET ADDRESS	204 S. MONROE STREET		13 STREET ADDRESS	checker swill		<b></b> _
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	204 S. MONROE ST	TAIL	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	RIGSBY, R. TERRY		22 NAME			Ì
STREET ADDRESS	204 S. MONROE STREET		2.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP		Change	Addition
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change	
NAME	MEENAN, TIMOTHY J.		3.2 NAME			
STREET ADDRESS	204 S. MONROE STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL STD	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
TITLE NAME	BLANK F. PHILIP	<b>→</b>	4. 2 NAME			_
STREET ADDRESS	204 S. MONROE ST.		4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		4.4 City-St-ZiP			
TITLE	INLINIOULL 15	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS						
			5.3 STREET ADDRESS			
			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	l i		Change	Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change	Addition

14. I hereby certify that the information subblied 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 applical 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 of the receiver of 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 in an attachment with an address, with all other like empowered.

8.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-681-6710