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## 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 # G55830

1. Corporation Name

THOMAS E. CUNNINGHAM JR., P.A.

	·								
Principal Place	o of Rusiness	Mailing Address				-		MIT NEWS MINES	
,		3802 BAY TO BAY BLVD							
3802 BAY TO BAY BLVD 3802 BAY TO BAY BLVD #11									
TAMPA FL 33629 TAMPA FL 33629						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
	•					08/08/1983			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			pplied For
21	26	.75			59-2368464			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		•	Additional
22 27								· <u>``                                   </u>	equired
City & Stat	City & State	State			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	′		8. This corporation owes the curre	nt year Inta	angible Yes	□No
24	25	29 30				Personal Property Tax.  10. Name and Address of New Re	naistarad /		
	9. Name and Address of Current	Registered Agent	81	Nam		10. Name and Address of New Ko	egistered /	(gent	
CUNNINGHAM, THOMAS E., JR.									
3802 BAY TO BAY BLVD			82	Stre	et Addre	ss (P.O. Box Number is Not Acceptat	ole)		
#11				ļ			<del></del>		
TAMPA FL 33629			83						
I MINI	FA FL 33029		84	City				85 Zip	Code
				<u> </u>			<u>FĻ</u>		
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	i		, ,			
SIGNATURE									
	Signature, typed or printed name of registered agent a			nt signatu	re required	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	DPS IN 12
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFF	IOLINO AIN	Change	Addition
TITLE	PST CUMBINOUS TRANSPORT	<del>-</del>	1.1 TITLE						
NAME	CUNNINGHAM, THOAMS E, JR		1.2 NAME						İ
STREET ADDRESS	3802 BAY TO BAY BLVD #11		1.3 STREE		ss				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S	T-ZIP				Change	Addition
TITLE	-		2.1 TITLE						
NAME	CUNNINGHAM, THOAMS E, JR		2.2 NAME		_				}
STREET ADDRESS	3802 BAY TO BAY BLVD #11	1	2.3 STREE		SS				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-5	ST-ZIP	-			Change	Addition
TITLE -			3.1 TITLE					+.m.go	
NAME	·	1	3.2 NAME		_				
STREET ADDRESS	·	1	3.3 STREE		SS				
CITY-ST-ZIP			3.4. CITY+5	ST-ZIP	+			Change	Addition
TITLE		☐ DELETE	4.1 TITLE					onlinge	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE		SS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	$\bot$			[ Change	Addition
TITLE			5.1 TITLE			•			
NAME			5.2 NAME	<b>-</b>					1
STREET ADDRESS			5.3 STREE		SS				
CITY-ST-ZIP			5.4 CITY-S	I-ZIP	<u> </u>			Change	Addition
TITLE	•	,	6.1 TITLE		}			□ cuange	广 V00IIION
NAME			6.2 NAME						1
STREET ADDRESS			6.3 STREE	T ADDRE	SS Į				

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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP