

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90055 019 ***150.00

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DOCUMENT # G65171

1. Corporation Name

JAMES S. MATTSO, P.A.

Principal Place of Business

C/O MATTSO & TOBIN
P O BOX 586
KEY LARGO FL 33037-7586

Mailing Address

C/O MATTSO & TOBIN
P O BOX 586
KEY LARGO FL 33037-7586

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1983

4. FEI Number

59-2333267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 88101 OVERSEAS HWY.

2a. Mailing Address

26 88101 OVERSEAS HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ISLAMORADA, FL

City & State

28 ISLAMORADA, FL

Zip

24 33036

Country

25 MONROE

Zip

29 33036

Country

30 MONROE

9. Name and Address of Current Registered Agent

MATTSO, JAMES S.
97676 OVERSEAS HWY
97800 OVERSEAS HWY
KEY LARGO FL 33037-7586

10. Name and Address of New Registered Agent

81 Name

MATTSO, JAMES S.

82 Street Address (P.O. Box Number is Not Acceptable)

88101 OVERSEAS HWY

83

84 City

ISLAMORADA

FL

85 Zip Code

33036

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

James S. Mattson

JAMES S. MATTSO

1/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MATTSON, JAMES S
STREET ADDRESS P O BOX 509
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

James S. Mattson
JAMES S. MATTSO

1/12/99

Date

305-852-3388

Daytime Phone #

CR2E034 (11/98)