

-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 # G66531

1. Corporation Name

**MOSS, HENDERSON, BLANTON, LANIER & DEVONMILLE, P
.A.**

Principal Place of Business

% GEORGE H. MOSS, II
817 BEACHLAND BLVD.
VERO BEACH FL 32963

Mailing Address

% GEORGE H. MOSS, II
817 BEACHLAND BLVD.
VERO BEACH FL 32963

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90116 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1983

4. FEI Number

59-2334195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**MOSS, GEORGE H., II
817 BEACHLAND BLVD.
VERO BCH. FL 32963**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD
NAME MOSS II, GEORGE H
STREET ADDRESS 817 BEACHLAND BLVD
CITY-ST-ZIP VERO BCH, FL 00000 ☐ DELETE

TITLE VD
NAME LANIER, CLINTON W
STREET ADDRESS 817 BEACHLAND BLVD.
CITY-ST-ZIP VERO BCH. FL ☐ DELETE

TITLE STD
NAME HENDERSON, STEVEN L.
STREET ADDRESS 817 BEACHLAND BLVD.
CITY-ST-ZIP VERO BCH. FL ☐ DELETE

TITLE D
NAME BLANTON, ROBIN A.
STREET ADDRESS 817 BEACHLAND BLVD.
CITY-ST-ZIP VERO BCH. FL ☐ DELETE

TITLE D
NAME DEVONMILLE, OLIVIA
STREET ADDRESS 817 BEACHLAND BLVD
CITY-ST-ZIP VERO BCH. FL 3296 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/99 (561) 231-1900

0118014

CR2E034 (11/98)