Mar 02, 1999 8:00 am

Secretary of State

03-02-1999 90196 037 ***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 # G77410

1. Corporation Name

TEPPER WHITMILL & ASSOCIATES INC

ILT F LII,	WINTENDE & ACCOUNTED,	1110.)	
Principal Place	e of Business	Mailing Address			* 10811115 2015 10041 19011 01001 11811 0011 asots 0	TEH BIBIT)II BIBII (BBI	
3000 34TH STREET S. 3000 34TH STREET S. SUITE L SUITE L ST PETERSBURG FL 33711 ST PETERSBURG FL 33711					DO NOT WRITE IN THIS SPACE				
31 FEIENSBUN	G 11 35717	Gr releisound re som			3. Date incorporated or Qualifed 01/05/1984				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	L	- ' ' '	lied For	
21 533	O CENTRAL ANE	26 5330 (ENTR	11 An	E	<u>59-2351998</u>			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	etersburg Floring	City & State 28 7. ETERS DUPL	F	TORIO	6. Election Campaign Financing Trust Fund Contribution		.00 h	May Be Fees	
Zip 24 3370	Country	Zip 29 35707 30	Courtry	E11.45	This corporation owes the current year In Personal Property Tax.	angible Yes		□No	
24 33 10	9. Name and Address of Current		10. Name and Address of New Registered	Agent					
				Name					
TEPPER, RANDALL S. 3000 - 34TH ST., SOUTH			82	Street A	ress (P.O. Box Number is Not Acceptable)				
SUITE L			83						
ST. PETERSBURG FL 33711									
51.7 S. Z.				City	FL	85	Zip C	ode	
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was auth	orized by	the corbo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changir ntment	ng its r as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	aistered Agen	t signature re	equired when reinstating) DATE				
Signature, typed of printed marine or regions at agent and			13.		ADDITIONS/CHANGES TO OFFICERS AF	ID DIRI	ECTOF	RS IN 12	
TITLE			1.1 TITLE			☐ Ch	ange	Addition	
NAME	, -		1.2 NAME		·				
STREET ADDRESS			1.3 STREET ADDRESS						
CITY-ST-ZIP			1.4 CITY-S1	T-ZIP				_	
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Ch	ange	Addition	
NAME	1 - 7 -		2.2 NAME						
•			2.3 STREET	ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE			Ch	ange	Addition	

NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

3.2 NAME

4.1 TITLE

4, 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

☐ DELETE

☐ DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

727-322-1212

☐ Change

Change

Change

☐ Addition

Addition

☐ Addition