

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90259 047 \*\*\*150.00

DOCUMENT # H13285

1. Corporation Name

ROGER K. GRIFFEY, C.P.A., A PROFESSIONAL ASSOCIATION

Principal Place of Business

8807 GENEVA STREET  
FORT MYERS FL 33907  
US

Mailing Address

8807 GENEVA STREET  
FORT MYERS FL 33907  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1984

4. FEI Number

59-2425051

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

21 19141 WHITE WING PLACE  
Suite, Apt. #, etc.

22 City & State  
23 TAMPA, FL

24 Zip 33647 25 Country 4-5

2a. Mailing Address

26 19141 WHITE WING PLACE  
Suite, Apt. #, etc.

27 City & State  
28 TAMPA, FL

29 Zip 33647 30 Country 4-5

9. Name and Address of Current Registered Agent

GRIFFEY, ROGER K.  
8807 GENEVA ST.  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name ROGER K. GRIFFEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
19141 WHITE WING PLACE  
83  
84 City TAMPA FL 85 Zip Code 33647

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

ROGER K. GRIFFEY  
(NOTE: Registered Agent signature required when reinstating)

4-16-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME GRIFFEY, ROGER K.  
STREET ADDRESS 8807 GENEVA ST.  
CITY-ST-ZIP FT. MYERS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition  
1.2 NAME ROGER K. GRIFFEY  
1.3 STREET ADDRESS 19141 WHITE WING PLACE  
1.4 CITY-ST-ZIP TAMPA, FL - 33647

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

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:

Roger K. Griffey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99  
Date

(813) 977-2738  
Daytime Phone #

CR2E034 (11/98)