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 # H36754

ROBERT W. SCHUPP, P.A.

	(D)	Ad-Min - Addresse					-
Principal Place	,	Mailing Address					
1760 SHADOWO	OOD LANE	C/O ROBERT W. SCHUPP					
STE 401 IACKSONVILLE FL 32207		1321 WOODWARD AVE JACKSONVILLE FL 32207			DO NOT WRITE IN THIS SPACE		
JS	FL 32201	US			3. Date Incorporated or Qualifed		
30					01/04/1985		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	ПА	pplied For
—¬ '	lace of pusitiess	─ -			59-2491866	├	lot Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.					Additional
_ ` ` `	#, etc.				5. Certifcate of Status Desired	•	Required
City & Stat		City & State			6 Fleeties Compaign Financing		
City & Stat	e	⊢ ·			6. Election Campaign Financing Trust Fund Contribution		May Be
3)	Country	Zip	Cou	into/			(01665
Zip □	Country	<u> </u>	\neg	ii ita y	8. This corporation owes the current year	Mangible XYes	□No
4	25			· · · · · · · · · · · · · · · · · · ·	Personal Property Tax. 10. Name and Address of New Registers		
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Neglater	ea Agent	
SCH.	UPP, ROBERT W.			Name			
	WOODWARD AVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
							3. 3-1 0 31 12 V4
JACI	KSONVILLE FL 32207			83		4. 图制: 如	
				84 City	\$\frac{\pi_{14} \ \pi_{1}}{\pi_{1}} \frac{\pi_{1}}{\pi_{1}} \frac{\pi_{1}}{\pi		Code
				0.1.9	· F	- ° - '	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the a	bove-named o	corporation submits this statement for the purpose	of changing it	s registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	norized	a by the corpo	ration's board of directors. I hereby accept the ap	pointment as r	egistereo
द ँ	im lamiliai witii, and accept the obliga		ia Olaii	u.c.s.			
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable. (NOTE: F	Reaistered	Agent signature re	quired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	DP .	☐ DELETE	1.1 TI	TLE		☐ Change	
NAME	SCHUPP, ROBERT W.		1.2 NA	AME	,		
	1321 WOODWARD AVE			TREET ADDRESS		٠,	i
STREET ADDRESS							
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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 empoyaged.

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90005 041 ***150.00