

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90101 050 ***150.00

DOCUMENT # H37033

1. Corporation Name

FOELGNER, RONZ & STRAW, P.A.

Principal Place of Business

**5959 CENTRAL AV STE 102
ST. PETERSBURG FL 33710**

Mailing Address

**5959 CENTRAL AV STE 102
ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1985

4. FEI Number

59-2482214

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 1301 66TH ST N
Suite, Apt. #, etc.

2a. Mailing Address

26 1301 66TH ST N
Suite, Apt. #, etc.

City & State

23 ST PETERSBURG FL

City & State

28 ST PETERSBURG FL

Zip Country

24 33710 25 USA

Zip Country

29 33710 30 USA

9. Name and Address of Current Registered Agent

**FOELGNER, CAL O.
5959 CENTRAL AVENUE
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name

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

1301 66TH ST N

83

84 City

ST PETERSBURG

FL

85 Zip Code

33710

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 ☐ DELETE

**NAME VPD
FOELGNER, CAL O.
STREET ADDRESS 5959 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL**

TITLE ☐ DELETE

**NAME STD
RONZ, RONALD A.
STREET ADDRESS 5959 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL**

TITLE ☐ DELETE

**NAME PD
STRAW, CLAUDIA
STREET ADDRESS 5959 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1301 66TH ST N

1.4 CITY-ST-ZIP

ST PETERSBURG, FL 33710

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

1301 66TH ST N

2.4 CITY-ST-ZIP

ST PETERSBURG, FL 33710

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

1301 66TH ST N

3.4 CITY-ST-ZIP

ST PETERSBURG, FL 33710

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:

RONALD A. RONZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99
Date

727 347 1120
Daytime Phone #

CR2E034 (11/98)