

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 # H47963

1. Corporation Name

TOOLE, BEALE & COOPER, P.A.

Principal Place of Business

6900 SO POINT DRIVE NORTH  
STE 500  
JACKSONVILLE FL 32216  
US

Mailing Address

POST OFFICE BOX 551069  
JACKSONVILLE FL 32251-69  
US

2. Principal Place of Business

21 200 W. Forsyth St.

Suite, Apt. #, etc.

22 Suite 1200

City & State

23 Jacksonville, FL

Zip

24 32202

Country

25 Duval

2a. Mailing Address

26 200 W. Forsyth St.

Suite, Apt. #, etc.

27 Suite 1200

City & State

28 Jacksonville, FL

Zip

29 32202

Country

30 Duval

9. Name and Address of Current Registered Agent

BEALE, ALMER W. II  
6900 SOUTHPOINT DR.  
SUITE 500  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

03/14/1985

4. FEI Number

59-2505845

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 ☒

10. Name and Address of New Registered Agent

81 Name

William G. Cooper

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

200 W. Forsyth St. #1200

83

84 City

Jacksonville

FL

85 Zip Code

32202

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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/3/99

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME COOPER, WILLIAM G.  
STREET ADDRESS POST OFFICE BOX 551069 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32255-1069

TITLE PD ☒ DELETE

NAME BEALE, ALMER W  
STREET ADDRESS POST OFFICE BOX 551069 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32255-1069

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

PD

1.2 NAME

1.3 STREET ADDRESS

200 W. Forsyth St. #1200  
Jacksonville, FL 32202

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90066 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)