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PROFIT CORPORATION ANNUAL REPORT

1999

JAMES M. SHUTA, P.A.

1. Corporation Name

DOCUMENT # **H84623**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Sec

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90008 016 ***150.00



85

Zip Code

Mailing Address Principal Place of Business PO-BOX_17297 2560 GULF TO BAY BLVD STE - 300 CLEARWATER PE 33762 DO NOT WRITE IN THIS SPACE CLEARWATER FL 33765 3. Date Incorporated or Qualifed SENDER OF NEW ADDRESS M SHUTA PA 11/08/1985 **JAMES** 48698 4. FEI Number 2. Principal Place of Business Applied For PETERSBURG FL 33743-8698 59-2599720 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box 48698 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes the current year Intangible 33743-8698 Yes ΠNo Personal Property Tax. 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHUTA, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 82 2560 GULF TO BAY BLVD STE - 300 83 CLEARWATER FL 33765

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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 TITLE TITLE SHUTA, JAMES M. 1.2 NAME NAME 2560 GULF TO BAY BLVD / STE - 300 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33765** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME . 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 6.2 NAME 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.1.19.07(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 attactyment with an address, with all other like empowered.

SIGNATURE

INATURE AND TYPESOM PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATURE AND TYPESOM PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days THE Phone #

CR2E034 (11/98)