PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H99707**

Corporation Name

HUEY, GUILDAY & TUCKER, P.A.

Principal Place of Business Mailing Address					(in the state of	
P O BOX 1794, 106 E COLLEGE AV. P O BOX 1794, 106 E COLL			E AV			
#900 #900					DO NOT WRITE IN THIS SPAC	E
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301						
us us					3. Date Incorporated or Qualifed	
					02/17/1986	I Amultant For
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26				59-2635353	Not Applicable	
Suite, Apt. #, etc.				LE Contiforto of Statue Decired	.75 Additional ee Required	
22 27						
· / / / / / / / /		City & State	ity & State			5.00 May Be
		28				dded to Fees
—	Zip Country Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
24	25	29 30			, closed to the control of the contr	<u> </u>
	Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent	
TUC	VED (V		81	Ivanie		
TUCKER, J. K			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
106 E COLLEGE AVE, SUITE 900					, , , , , , , , , , , , , , , , , , ,	
TALLAHASSEE FL 32301			83			
			84	City	85	Zip Code
				1		
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.	Oldination About the second se			. agribta - 1-4-	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	P	OFFICERS AND DIRECTORS 13			Cr	
NAME	HUEY, J. MICHAEL		1.2 NAME			-
,	1125 CARRIAGE ROAD			ADDRESS		}
STREET ADDRESS						ļ
CITY-ST-ZIP		☐ DELETE	1.4 CITY-S' 2.1 TITLE	1-ZIP		nange Addition
TITLE	VP	- Defete]
NAME		UILDAY, THOMAS J.				İ
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-S	ST-ZIP	П сь	nange
TITLE	ST	☐ DELETE	3.1 TITLE		Ŭ Of	mile Dyonnon
NAME	TUCKER, KENDRICK J		3.2 NAME			
STREET ADDRESS	4595 HIGHGROVE ROAD	3.3 ST		T ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308			T-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Ì		nange
NAME		1	4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADORESS		
CITY-ST-ZIP				T-ZIP		
TITLE	DELETE 5.11		5.1 TITLE			nange
NAME			52 NAME			}
STREET ADDRESS			5.3 STREET	TADDRESS		Ì
CITY-ST-ZIP		Į	5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			hange Addition
			62 NAME			ſ

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 comporation 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 charled, pr or man attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

850-224-709/

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90122 046 ***150.00

(2E034 (11/98)