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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90085 026 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J04343

1. Corporation Name

DR. FRED A. LUNDQUIST, P.A.

Principal Place of Business

2173 E SEMORAN BLVD
520 W HWY 436, STE 130
APOPKA FL 32703
US

Mailing Address

2173 E SEMORAN BLVD
520 W HWY 436, STE 130
APOPKA FL 32703
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1986

4. FEI Number

59-2643110

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

2. Principal Place of Business

21 612 S. HUNT CLUB BLVD

Suite, Apt. #, etc.

22

City & State

23 APOPKA, FL

Zip

24 32703

Country

25 USA

2a. Mailing Address

26 612 S. HUNT CLUB BLVD

Suite, Apt. #, etc.

27

City & State

28 APOPKA, FL

Zip

29 32703

Country

30 USA

9. Name and Address of Current Registered Agent

LUNDQUIST, FRED A.
2173 E. SEMORAN BLVD.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

LUNDQUIST, FRED A.

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

612 S. HUNT CLUB BLVD

83

84 City

APOPKA

FL

85 Zip Code

32703

11. Pursuant to the provisions of Sections 607.0502 and 607.1305, 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)

1/4/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME LUNDQUIST, FRED A.
STREET ADDRESS 2173 E. SEMORAN BLVD
CITY-ST-ZIP APOPKA 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

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 DP ☒ Change ☐ Addition

1.2 NAME LUNDQUIST, FRED A.
1.3 STREET ADDRESS 612 S. HUNT CLUB BLVD
1.4 CITY-ST-ZIP APOPKA, FL 32703

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99

407 772-2260

CR2E034 (1/1/98)