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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J09444 1. Corporation Name

DELAY - THOMPSON & COMPANY FINANCIAL AND BUSINES S CONSULTANTS, INC.

						BHONE ENDEL OF DAY BEERN O	HAN BIBN 1881
Principal Place	e of Business	Mailing Address					
	AT SOUTHPOINT	PARK CENTRE AT SOUTHPOIL					
4190 BELFORT RD SUITE 425		4190 BELFORT RD SUITE 425		DO NOT WRITE IN THIS SPACE			
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 US US				3. Date Incorporated or Qualifed			
US		us			"		
					04/14/1986 4. FEI Number	1145	nlind Enr
2. Principal Pl	lace of Business	2a. Mailing Address	_		l "	<u> </u>	plied For
21		26 PO Box 1909	<del>)</del>		59-2659927		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27					<u> </u>
City & State	e	City & State			6. Election Campaign Financing	\$5.00	7
23		28 Ponte Vedra	a Bea	ch, FL	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		N.
24	25	29 3 2 0 0 4 - 1 9 0 9 30	USA		Personal Property Tax.	☐ Yes	XINo
	9. Name and Address of Current	Registered Agent	<del>   </del>		10. Name and Address of New Regist	tered Agent	
	10001 100EDI 1		81	Name			
THOMPSON, JOSEPH A.			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
4190 BELFORT RD							
Suiti	E 425		83				
JACK	(SONVILLE FL 32202		<u> </u>			(as Zio i	Code
J			84	City		FL 85 Zip	Code
dd Durauant	to the provinces of Sections 607 0502	and 607 1508 Florida Statutes	the above	-named como	ration submits this statement for the purpo	ose of changing its	registered
office or r	egistered agent, or both, in the State o	if Florida. Such change was auth	iorized by i	ine corporation	's board of directors. I hereby accept the	appointment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes.				
SIGNATURE			··· ·· · · ·		The execution District	ATE	
<u> </u>	Signature, typed or printed name of registered agent		<del></del>	t signature required	#(Ion remembry)	ATE	DRS IN 12
12.	OFFICERS AND	DIRECTORS	13.	t signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
12.	OFFICERS AND		13. 1.1 TITLE	t signature required	#(Ion remembry)	<del></del>	DRS IN 12
12. TITLE NAME	D THOMPSON, JOSEPH A.	DIRECTORS	13. 1.1 TITLE 1.2 NAME		#(Ion remembry)	RS AND DIRECTO	
12.	OFFICERS AND D THOMPSON, JOSEPH A. 4190 BELFORT RD STE 425	DIRECTORS	13. 1.1 TITLE		#(Ion remembry)	RS AND DIRECTO	
12. TITLE NAME	D THOMPSON, JOSEPH A.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADORESS	#(Ion remembry)	RS AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND D THOMPSON, JOSEPH A. 4190 BELFORT RD STE 425	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADORESS	#(Ion remembry)	RS AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JOSEPH A. 4190 BELFORT RD STE 425 JACKSONVILLE FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADORESS	#(Ion remembry)	RS AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D THOMPSON, JOSEPH A. 4190 BELFORT RD STE 425 JACKSONVILLE FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	ADORESS (A.)	#(Ion remembry)	RS AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D THOMPSON, JOSEPH A. 4190 BELFORT RD STE 425 JACKSONVILLE FL D DELAY, JAMES F. 4190 BELFORT RD STE 425	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS	#(Ion remembry)	RS AND DIRECTO	☐ Addition
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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 suppliemental 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 op an appear with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE REGUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-296-2563