

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 # J30464

1. Corporation Name

THOMAS P. FOX, P.A.

Principal Place of Business

601 N. FRANKLIN STREET
SUITE 601
TAMPA FL 33602

Mailing Address

601 N. FRANKLIN STREET
SUITE 601
TAMPA FL 33602

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90034 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1986

4. FEI Number

59-2730752

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

21 201 E. Kennedy Blvd.

2a. Mailing Address

26 201 E. Kennedy Blvd.

Suite, Apt. #, etc.

22 # 215

Suite, Apt. #, etc.

27 Suite 215

City & State

23 TAMPA, FLORIDA

City & State

28 Tampa, FLORIDA

Zip

24 33602

Country

25 USA

Zip

29 33602

Country

30 USA

9. Name and Address of Current Registered Agent

FOX, THOMAS P
601 N. FRANKLIN ST.
SUITE 601
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Thomas P. Fox

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

201 E. Kennedy Blvd

83

Suite 215

84 City

Tampa

FL

85 Zip Code

33602

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

Thomas P. Fox

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

(NOTE: Registered Agent signature required when reinstating)

1/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME FOX, THOMAS P.
STREET ADDRESS 601 N. FRANKLIN ST., SUITE 601
CITY-ST-ZIP TAMPA FL 33602

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Fox, Thomas P.
1.3 STREET ADDRESS 201 E. Kennedy, Suite 215
1.4 CITY-ST-ZIP TAMPA, FL. 33602

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Thomas P. Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

Date

(813) 223-1935

Daytime Phone #

CR2E034 (11/98)