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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90054 027 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J39382

1. Corporation Name

LAW OFFICE OF KENNETH D. HAGLER, P.A.

Principal Place	e of Dusiness	Walling Addres	3 3						
P.O. BOX 4365	• • • •	P.O. BOX 4365					•		
ST. AUGUSTINE FL 32085-4365 ST. AUGUSTINE FL 32085-43						DO NOT WRITE IN THIS SPACE			
	•							HIS SPACE	
						3. Date Incorporated or Q	uailleo		
						10/27/1986			
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number		ļļ	Applied For
21		26				59-2749476			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status De	sired 🗌		5 Additional
22		27				0. 001110000		Fee	Required
City & Stat	le	City & Star	te			6. Election Campaign Fina	ancing		00 May Be
23		28				Trust Fund Contribution	1	Adde	ed to Fees
Zip	Country	Zip		Country		8. This corporation owes	the current year	_ <u></u>	_
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agen	t			10. Name and Address of	New Register	ed Agent	
				81	Name				
HAG	LER, KENNETH D.			82	Chroat Ad	dress (P.O. Box Number is Not	Accentable)		
	PALM ROW			62	Street Aut	diess (P.O. Box Number is Not	Acceptable)		
	AUGUSTINE FL 32085-4365			83			1.00.54	of 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		218		84	City		F	EL 85 Z	ip Code
44 Duceupant	to the provisions of Sections 607.0502	2 and 607 1508. Flo	orida Statutes, th	ne above	e-named cor	rporation submits this statement	for the purpose	of changing	its registered
office or r	to the provisions of Sections 607.050. registered agent, or both, in the State of m familiar with, and accept the obligat	of Florada, Such cha	ance was author	rızea ov	the corpora	tion's board of directors. I hereb	y accept the ap	pointment as	s registered
SIGNATURE	•						·		
	Signature, typed or printed name of registered agen	of and title if applicable	(NOTE: Pegis	stered Anen	of signature requi	ired when reinstating)	DATE		I .
					n aiginatoro roqui		TO OFFICERS	AND DIDEC	TODE IN 12
12.	OFFICERS AN	ID DIRECTORS		13.	n digitation requi	ADDITIONS/CHANGES	TO OFFICERS		
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6.4 CITY-ST-ZIP

SIGNATURE:

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 any address with all other like empowered.