


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90003 007 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J46458			
1. Corporation Name PATRICIA F. LAMB & ASSOCIATES, INC.			
Principal Place of Business 5125 33 TERRACE NO. ST. PETERSBURG FL 33710 US		Mailing Address 5115-33 TERR NO ST PETERSBURG FL 33710 US	
2. Principal Place of Business 21 5115-33 Terr. N.		2a. Mailing Address 26 5115-33 Terr. N.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 St. Petersburg FL		City & State 28	
Zip 24 33710		Country 25 Pineellas	
Country 29		Country 30	
9. Name and Address of Current Registered Agent LAMB, PATRICIA F. 5125 - 33RD TERRACE NORTH ST. PETERSBURG FL 33710			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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 Patricia F. Lamb Patricia F. Lamb 3/25/99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE DP <input type="checkbox"/> DELETE NAME LAMB, PATRICIA F. STREET ADDRESS 5125 33RD TERRACE NORTH CITY-ST-ZIP ST. PETERSBURG FL TITLE DV <input type="checkbox"/> DELETE NAME LAMB, EDGAR L. STREET ADDRESS 5125 33RD TERRACE NORTH CITY-ST-ZIP ST. PETERSBURG FL TITLE S <input type="checkbox"/> DELETE NAME SCHULZ, CARLA STREET ADDRESS 5115 33RD TERRACE NO. CITY-ST-ZIP ST. PETERSBURG FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: **Patricia F. Lamb** **Patricia F. Lamb** **3/25/99** **(727) 526-3255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #