

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

049886

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90048 039 ***150.00

DOCUMENT # J57426

1. Corporation Name
PATRICIA A. WOOD P.A.



Principal Place of Business
132 10TH AVE. N.
105
SAFETY HARBOR FL 34695
US

Mailing Address
132 10TH AV N.
105
SAFETY HARBOR FL 34695
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 34650 US HWY 19 N.
Suite, Apt. #, etc.
22 Ste 107
City & State
23 PALM HARBOR, FL
Zip Country
24 34684 25 USA

2a. Mailing Address
26 309 PLYMOUTH ST.
Suite, Apt. #, etc.
27
City & State
28 SAFETY HARBOR, FL
Zip Country
29 34695 30 USA

3. Date Incorporated or Qualified
02/17/1987

4. FEI Number
59-2758997

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

9. Name and Address of Current Registered Agent

WOOD, PATRICIA A.
132 10TH AVE N.
SUITE 105
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name WOOD, PATRICIA A.
82 Street Address (P.O. Box Number is Not Acceptable)
309 PLYMOUTH ST
83
84 City SAFETY HARBOR FL 85 Zip Code 34695

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 A. Wood, Pres. 5/29/99 SEE BELOW LETTER
(NOTE: Registered Agent signature required when reinstating) DATE OF EXPLANATION

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WOOD, PATRICIA A.
STREET ADDRESS 132 10TH AUN #105
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☐ DELETE
NAME ① I have had difficulty with the US Postoffice getting my mail forwarded after closing the office at 132 10th Av. N. The present tenant telephoned me to pick up mail that had accumulated since Feb. 1, 1999 which was at my former address. I did so Fri. evening May 28, 1999. This form was in that unforwarded mail.

TITLE ☐ DELETE
NAME I am completing it and including my check for the fee without penalty since it is being filed as soon as I receive it. I have always filed the annual report when due and do not believe I should be penalized for the post office's incompetence. Thank you.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 309 PLYMOUTH ST.
1.4 CITY-ST-ZIP SAFETY HARBOR

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
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 A. Wood, Pres 5/29/99 (727) 799-1550
M, W, Th 3-9pm (727) 781-3422

CR2E034 (11/98)