

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

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

04-30-1999 90144 030 ***150.00

DOCUMENT # K04998

1. Corporation Name
GREGG & ASSOCIATES, INC.



Principal Place of Business
611 PONCE DE LEON DR
#8
FT. LAUDERDALE FL 33316
US

Mailing Address
611 PONCE DE LEON DR
#8
FT. LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1987

4. FEI Number
58-1763139

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. 1040 MONTEREY BLVD NE
Suite, Apt. #, etc.

22. ST PETERSBURG FL

23. 33704 USA

24. Zip Country

2a. Mailing Address

26. 1040 MONTEREY BLVD NE
Suite, Apt. #, etc.

27. ST PETERSBURG FL

28. 33704 USA

29. Zip Country

9. Name and Address of Current Registered Agent

GREGG, MARLENE B.
611 PONCE DE LEON
#8
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81. Name GREGG MARLENE B.
82. Street Address (P.O. Box Number is Not Acceptable)
1040 MONTEREY BLVD NE
83. ST PETERSBURG
84. City ST PETERSBURG FL 85. Zip Code 33704

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GREGG, MARLENE B
STREET ADDRESS 611 PONCE DE LEON DR #8
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE ~~VS~~
NAME ~~GREGG, GINGER~~
STREET ADDRESS ~~611 PONCE DE LEON DR #8~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33316~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME GREGG, MARLENE B
1.3 STREET ADDRESS 1040 MONTEREY BLVD NE
1.4 CITY-ST-ZIP ST PETERSBURG FL 33704

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

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

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

5.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 727-826-9365

CR2E034 (11/98)