Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90061 009 ***150.00

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 # K10916

1. Corporation Name

NATIMON	ID L. BALLOU, P.A.						
Principal Place	e of Business	Mailing Address			T I BRITATION ORD THE LEGISLE SOLDS HAD A DÀTH	ALANY BYOST MIRIT MINT OF	THE BURNING
P.O. BOX 47565		P.O. BOX 47565				-	,
ST. PETERSBURG FL 33743 ST. PETERSBURG FL 33743							
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 01/06/1988		
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
	lace of Busiliess	26			59-2875017		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22		27			5. Certifcate of Status Desired	Fee Red	quired
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		
24	25		30	,	Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	ered Agent	
DALL	OLL DAVMOND I		81	Name			
Ballou, raymond L. 7989 Causeway blyd North			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	PETERSBURG FL 33707		.00				
31 F	ETENSBUNG TE SSTOT		83				
			84	City	,	FL 85 Zip C	ode
		20 1007 4500 Ft 11 Out 1			oration submits this statement for the purpo		registered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the corporatio	n's board of directors. I hereby accept the	appointment as reg	pistered
SIGNATURE	Signature, typed or printed name of registered ac	ent and title if applicable. (NOTE:	Registered Agen	t signature required	d when reinstating) DA	NTE .	
12.	3 177	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	BALLOU, RAYMOND L.		1.2 NAME				
STREET ADDRESS	7989 CAUSEWAY BLVD NOR	TH	1.3 STREET	ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33707		1,4 CITY-ST	r-zip			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY- S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CMY-ST-ZIP			3.4. CITY-S	T-ZJP			find a database
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADORESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE	Ì	, •	CT change	Audition
NAME			5.2 NAME	, 10000000	•		•
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-S' 6.1 TITLE	1-68		Change	☐ Addition
TITLE			6.2 NAME		•		
NAME			6.3 STREET	AUDDESS			
STREET ADDRESS	l .		0.00 DIRECT	LEDUKE 43			

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 justee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on air attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP