1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K11320

1. Corporation Name

DON MCKEEVER, P.A.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90173 021 ***150.00



Principal Place	e or Business	•					
2324 LEE RD		2324 LEE RD					
WINTER PARK	FL 32789	WINTER PARK FL 32789		DO NO	T WRITE IN THIS SF	ACE	
				3. Date Incorporated or Qu		<u> </u>	
				01/06/1988	, L.III, C.G.		
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Apr	lied For
7771	LEE ROAD BUILDING	26 800,1 LEE RO	an Building on	59-2874204		_ 	Applicable
21 0000 Suite, Apt.		Sprite, Apt. #, etc.	IND TOUTONIES		5	\$8.75 A	
22 21 7	= 15	27 5115		5. Certifcate of Status Desi	ired 🗌	Fee Red	quired
City & Stat	E - 3	City & State	r.	6. Election Campaign Final	incing —	\$5.00	May Be
23WINTER	PAR FL	28 WINTER ALK,	.F1.	Trust Fund Contribution	-	Added to	Fees
Zip	Country	Zig	Country	8. This corporation owes th	ne current year Intang	gible	I = I
24 3278	Y 25 WN _	29 30-189 3	10 U XX	Personal Property Tax.			M No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of	New Registered Ag	ent	
MOK	TOTO DON		81 Name	n Mollawel V	什.		
	EEVER, DON		82 Street Add	Iress (P.Q. Box Number is Not A	Acceptable)	•	
	LEE RD		299	I LEE KORD	RUILDING		
AATIA	TER PARK FL 32789		83	TE 15	•		
			84 City	Doors		85 Zip C	(Act)
			UIN	TEX MUL	FL	127	18
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement to ion's board of directors. I hereby	for the purpose of cha accept the appointm	anging its i nent as rec	registered listered
office of t	egistered agent, or oder, in the State	Of Florida, Oddi Change Was add	1- Ot-to-t	,	,	-	·
agent, I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fioric	da Statutes.				
-							
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	Registered Agent signature require		DATE TO OFFICERS AND	DIRECTOR	PS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: R	Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES 1	TO OFFICERS AND	DIRECTOR	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: R	tegistered Agent signature require 13. 1.1 TITLE		TO OFFICERS AND		RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PSD MCKEEVER, DON	nt and title if applicable. (NOTE: R	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME		TO OFFICERS AND		
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PSD MCKEEVER, DON 2324 LEE RD	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		TO OFFICERS AND		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PSD MCKEEVER, DON	nt and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		TO OFFICERS AND		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PSD MCKEEVER, DON 2324 LEE RD	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		TO OFFICERS AND] Change	Addition
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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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR