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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K64779 1. Corporation Name

Principal Place of Business

STEPHEN R. MOORHEAD, P.A.

4300 BAYOU BLVD.		4300 BAYOU BLVD.									
12 PENSACOLA FL 32503		12 PENSACOLA FL 32503 US			DO NOT WRI	TE IN THIS S	SPACE	Ē			
US					3. Date Incorporated or Qualifed 02/10/1989						
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			App	lied For	
21		26				59- 2923530			Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional					
22		27				5. Certicate of Status Desired	<u> </u>	Fe	e Rec	uired	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution Added to Fees					
Zip	Zip Country Zip Country			buntry 8. This corporation owes the current year Int				ngible			
24 25 29 30				Personal Property Tax. No □No						□No	
Name and Address of Current Registered Agent						10. Name and Address of New I	Registered A	gent			
1400	DUELD OTTOLIEN D		81	١	√ame						
MOORHEAD, STEPHEN R. 4300 BAYOU BLVD.			82	S	Street Addre	reet Address (P.O. Box Number is Not Acceptable)					
	E #12		83								
PENSACOLA FL 32503											
			84	C	City		FL	85	Zip C	ode .	
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	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regis	stered Agen	nt sig	nature required	d when reinstating)	DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS ANI	D DIRI	CTO	RS IN 12	
TITLE	DPST		1.1 TITLE					Ch	ange	Addition	
NAME	MOORHEAD. STEPHEN R	1	1.2 NAME								
STREET ADDRESS	4300 BAYOU BLVD, SUITE #12		1.3 STREET	T ADI	DRESS						
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-S								
TITLE	DELETE		2.1 TITLE					Ch	ange	☐ Addition	
NAME		i.	2.2 NAME								
STREET ADDRESS			2.3 STREET	TADI	DRESS						
CITY-ST-ZIP			2. 4 CITY-S	ST- Z	ıjp qı						
TITLE			3.1 TITLE					☐ Ch	ange	Addition	
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET	TADI	DRESS						
CITY-ST-ZIP			3.4. CITY-S								
TITLE			4.1 TITLE					Ch	ange	☐ Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET	TAD	ORESS						
CITY-ST-ZIP			4.4 CITY-S	T- ZII	P						
TITLE		☐ DELETE	5.1 TITLE					Ch	ange	☐ Addition	
NAME		*	5.2 NAME								
STREET ADORESS			5.3 STREET	T AD	ORESS						
CITY-ST-ZIP			5.4 CITY- S	T-ZI	P						
TITLE		☐ DELETE	6.1 TITLE					Ch	ange	Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET	TAD	ORESS						

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:

5-20-99

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90135 021 ***150.00