

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  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90106 004 \*\*\*150.00

DOCUMENT # K71051

1. Corporation Name

MENSH AND MACINTOSH, P.A.

Principal Place of Business

111 2 AVE NE  
STE 620  
PETERSBURG FL 33710

Mailing Address

111 2 AVE NE  
STE 620  
ST. PETERSBURG FL 33710  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1989

4. FEI Number

59-2936198

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

2a. Mailing Address

111 2 Ave. N.E.

26 111 - 2 Ave. N.E.

Suite, Apt. #, etc.

27 Suite 610

Suite 610

City & State

St. Petersburg, Fla.

28 St. Petersburg, FL

Zip

33701

Country

29 33701

30

Country

9. Name and Address of Current Registered Agent

MENSH, MYRON J.

111 2 AVE NE STE 620

ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

Mensch, Myron J.

82 Street Address (P.O. Box Number is Not Acceptable)

111 - 2 Ave. N.E., Suite 610

83

84 City

St. Petersburg

FL

85

Zip Code

33701

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DP	<input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MENSH, MYRON J.		1.2 NAME	Mensch, Myron J.
111 2 AVE NE #620		1.3 STREET ADDRESS	111 - 2 Ave. NE, # 610
ST. PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
DS	<input type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MACINTOSH, VICTORIA E.		2.2 NAME	MacIntosh, Victoria E.
111 2 AVE NE #620		2.3 STREET ADDRESS	111 - 2 Ave. N.E., # 610
ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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

1/6/99

(727) 345-7170

CR2E034 (11/98)