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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90062 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K84798

1. Corporation Name

ROBERT H. WILLIAMSON, JR. CPA, PA

Principal Place of Business

% ROBERT H. WILLIAMSON, JR.
125 17TH AVE NE
ST PETERSBURG FL 33704-4526

Mailing Address

% ROBERT H. WILLIAMSON, JR.
125 17TH AVE NE
ST PETERSBURG FL 33704-4526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1989

4. FEI Number

59-2946352

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLIAMSON, ROBERT H., JR
125 17TH AVE NE
ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert H. Williamson, Jr 4/1/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMSON, ROBERT H., JR
STREET ADDRESS 125 17TH AVE NE
CITY-ST-ZIP ST PETERSBURG FL 33704

☐ DELETE

TITLE VP
NAME MCKUNE, ANGELA F
STREET ADDRESS 1128 NE 22ND AVE
CITY-ST-ZIP GAINESVILLE FL 32609

☐ DELETE

TITLE D
NAME NELSON, JOHN L
STREET ADDRESS 3012 EMERSON
CITY-ST-ZIP TAMPA FL 33609

☐ DELETE

TITLE D
NAME KNEEBERG, LINDA S
STREET ADDRESS 145 29TH AVE NO
CITY-ST-ZIP ST PETERSBURG FL 33704

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 #

CR2E034 (1/1/98)