

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
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90042 014 ***150.00

DOCUMENT # **L19836**

1. Corporation Name

CAMPBELL, GRIFFIN, ROGERS & MILLIKIN, P.A.

Principal Place of Business

**581 S DUNCAN AVE
CLEARWATER FL 33756**

Mailing Address

**581 S DUNCAN AVE
CLEARWATER FL 33756**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1989

4. FEI Number

59-2967668

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROGERS, ROBERT R.
581 S DUNCAN AVE
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name

Andrew J. Csanady

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

581 South Duncan Avenue

83

84 City

Clearwater

FL

85 Zip Code

33756

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

Andrew Csanady

ANDREW CSANADY SECRETARY

2/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
GRIFFIN, RAYMOND E.**
STREET ADDRESS **415 ORANGEVIEW AVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ DELETE

NAME **D
ROGERS, ROBERT R.**
STREET ADDRESS **2219 HARN BLVD**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ DELETE

NAME **D
STUART, RODERICK B.**
STREET ADDRESS **1539 RIDGEWOOD STREET**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **D
MILLIKIN, JEAN E**
STREET ADDRESS **13150 87TH PLACE NORTH**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D
Andrew J. Csanady
9425 Blind Pass Road #1007
St. Petersburg Beach, FL 33706**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

JEAN E MILLIKIN
JEAN E MILLIKIN

Date

Daytime Phone #

3/4/99 727-446-1706

CR2E034 (11/98)