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

PROFIT CORPORATION ANNUAL REPORT

1999

EVAN THOMAS ASSOCIATES, INC.

**DOCUMENT #** 

1. Corporation Name



L36309

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90039 010 \*\*\*150.00

Principal Place	of Business	Mailing Address						
201 E KENNEDY	/ BLVD	201 E KENNEDY BLVD						
SUITE 705		SUITÉ 705				DO NOT WRITE IN THIS SPACE		
TAMPA FL 3360	2	TAMPA FL 3360				3. Date Incorporated or Qualifed		
US		US				t ·		
		The sauth and sales				12/11/1989 4. FEI Number Applied For		
2. Principal Pla	ace of Business	2a. Mailing Address				"		
21		26				59-2981577   Not Applicable   \$8.75 Additional		
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required		
22		City & State						
City & State	3	<del></del>				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28	Cou	ntry		8. This corporation owes the current year Intangible		
	25	29 33602-	30	,		Personal Property Tax.		
24	9. Name and Address of Current		1301			10. Name and Address of New Registered Agent		
	g. Name and Address of Content	Itegistered Agent		81	Name			
BURT	ron, glen							
	AR, NEWMAN, HAHN & ROSENK	ranz, pa		82	Street	t Address (P.O. Box Number is Not Acceptable)		
	E KENNEDY BLVD STE 1000	· · · · · · · ·		83				
	PA FL 33602							
.,				84	City	FL 85 Zip Code		
	the series of Sertions 607 0500	and 607 1509 Florida Status	tos the al	2016	named	d corporation submits this statement for the purpose of changing its registered		
office or re	egistered agent, or both, in the State o	it Florida. Such change was a	iutnonzeg	DV	tne corpo	poration's board of directors. I hereby accept the appointment as registered		
agent. I ar	n familiar with, and accept the obligati	ions of, Section 607.0505, Flo	orida Statu	ites.				
SIGNATURE	Signature, typed or printed name of registered agent	AND TO A STATE OF THE STATE OF	- Degistered	1000	t eignature t	required when reinstating) DATE		
	OFFICERS AND		13.	Agen	( agrididio i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OF FIGURE	DELETE	1.1 TD	1 <b>F</b>	-	Change Addition		
NAME	RATCHFORD, THOMAS L.		1.2 NA			·		
	201 E KENNEDY BLVD SUITE 7	705			ADORESS			
STREET ADDRESS	TAMPA FL	00	1.4 CF					
CITY-ST-ZIP	VPS	☐ DELETE	2.1 TIT		1-21	☐ Change ☐ Addition		
TITLE			2.2 NA					
NAME	TAGG, A. JAMES	rne			ADDRESS			
STREET ADDRESS	201 E KENNEDY BLVD SUITE 7	<b>'</b> U0				· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	TAMPA FL	☐ DELETE	2. 4 CI 3.1 TII		1-ZIP	Dine CTOR Change Addition		
TITLE						Burton, Glenn M.		
NAME			3.2 NA			1 3		
STREET ADDRESS					ADDRESS	TAMPA, FIA. 33602		
CITY-ST-ZIP		☐ DELETE	3.4. CI 4.1 TI		11-ZIP	☐ Change ☐ Addition		
TITLE								
NAME			4. 2 N			,		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		□ DELCTE	4.4 CF		1-ZIP	Change Addition		
TITLE		☐ DELETE	5.1 TII 5.2 N/					
NAME			4		LYUDBEGG	e		
STREET ADDRESS					TADDRESS	8		
CITY-ST-ZIP		T Severe	5.4 CF		1-4P	☐ Change ☐ Addition		
TITLE		☐ DELETE	6.1 11			Addition		
NAME			6.2 NA			<u> </u>		
STREET ADDRESS					FADDRESS	8		
i			■ 6 # C1	TV. 9	T. 77P	·		

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 en an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/99 Date

\$/3-221-7/50 Daytime Phone # 2E034 (11/98)