CAPITAL CONNECTION 850 222 1222 01/14 '99 14:21 NO.324 02/03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # L40053

1. Corporation Name
PAULA CASON, PA

Principal Place of Business
6576 30 AVE N
ST PETERSBURG, FL
33710

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/89

2. Principal Place of Business
21 6576 30 AVE N
Suite, Apt. #, etc
22
City & State
23 ST PETERSBURG, FL
Zip 24 33710 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number
59-3003472

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 owns the current year tangible Personal Property Tax
☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PAULA CASON
6576 30 AVE N
ST PETERSBURG, FL
33710

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 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.S.T.D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Cason, Paula	12 NAME	
STREET ADDRESS	6576 30 Ave N	13 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33710	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	03/16/99 90074 037
STREET ADDRESS		43 STREET ADDRESS	$158.75
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	$87 1/15/99
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Paula Cason PAULA CASON 1/4/99 727 347-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR — Date — Phone #
President