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Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90062 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L40072

1. Corporation Name

JOLYNN ADAMS, D.P.M., P.A.

Principal Place	e of Business	Mailing Address							
JOLYNN ADDAM	MS DPM PA	JOLYNN ADAMS DPM. P.A.							
5022 GULFPOR	T BLVD.	5022 GULFPORT BLVD				BO MOT WELL	C IN THE	CDACE	
GULFPORT FL	33707	GULFPORT FL 33707			DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed 12/27/1989			
2. Principal P	2a. Mailing Address	illing Address			4. FEI Number		A	oplied For	
21		26	-			59-2983247		N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	A, 510.	27				5. Certifcate of Status Desired		Fee R	equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	.May Be
-		28			• • •	Trust Fund Contribution		•	to Fees
Zip	Country	Zip Country				8. This corporation owes the curre	ent vear Inta	ngible	
一 ・		29	30			Personal Property Tax.	2012 3 0021 11110	Yes	□No
24	9. Name and Address of Current		30	<u> </u>		10. Name and Address of New R	eaistered /	Agent	
 -	9. Name and Address of Current	Kegistered Agent		81	Name	10. 144110 4114 1 1441 000 0 1 1 1 1	<u></u>		
HINES, JAMES P.							_		
	HYDE PARK AVE		82 Street Ad			ress (P.O. Box Number is Not Accepta	ble)		1
TAM		<u> </u>				_			
1 140		83			•			Ì	
	1			84	City		FL	85 Zip	Code
				بإ				changing its	hereteiner s
office or a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Fiorida. Such change was a	authorized	עם נ	the corporati	on's board of directors. I hereby accep	t the appoir	ntment as re	egistered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					nt signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD .	☐ DELETE	1.1 TI	TLE	ļ			☐ Change	☐ Addition
NAME	ADAMS, JOLYNN F		1.2 N	AME					1
STREET ADDRESS	5022 GULFPORT BLVD		1.3 5	TREET	ADDRESS				
CITY-ST-ZIP	GULFPORT FL		140	TY-S'	T-ZIP				
TITLE		☐ DELETE	2.1 TI	TLE				☐ Change	Addition
NAME		2.2 N	AME						
	}		235	TDEET	ADDRESS				Į.
STREET ADDRESS									1
CITY-ST-ZIP		☐ DELETE	3.1 T		ST-ZIP		_	Change	☐ Addition
TITLE		□ V ELEFE			Į				
NAME		. •	3.2 N						
STREET ADDRESS			3.3 S	TREE	TADDRESS				
CITY-ST-ZIP			_		T-ZIP			F7 61	
TITLE		☐ DELETE	4.1 T	TLE	1			Change Change	☐ Addition }
NAME	•		4.2 N	IAME	İ				
STREET ADDRESS			4.3 S	TREET	TADDRESS				Į
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 T					☐ Change	☐ Addition
NAME	•		5.2 N	AME:					
			5.3 \$	TREF	TADDRESS	•			ļ
STREET ADDRESS	, ,			ITY-S					ſ
CITY-ST-ZIP	70.	☐ DELETE	6.1 T					☐ Change	Addition
TITLE '		C ACCES	6.2 N						
NAME .	-				TADDRESS				ļ
OT0	1		■ 6.3 S	IREE	LADURESS I				I

14. I hereby certify that the information supplied with this filling 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 affectment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP