

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

DOCUMENT # L40621

1. Corporation Name
WILLIAM T. KALER, P.A.

Principal Place of Business
400 EAST DUVAL ST.
JACKSONVILLE FL 32202

Mailing Address
400 EAST DUVAL ST.
JACKSONVILLE FL 32202

FILED

99 JUL 26 AM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1989

4. FEI Number

59-2985538

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

KALER, WILLIAM T.
400 EAST DUVAL ST.
JACKSONVILLE FL FL 32202-2763

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

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KALER, WILLIAM T.
STREET ADDRESS 400 EAST DUVAL ST.
CITY-ST-ZIP JACKSONVILLE FL 32202-2763

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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☐ 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: Dorothy Kaler DOROTHY KALER 7-14-99 (904) 321-0442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)

July 14, 1999

Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

I am enclosing herein Annual Report of William T. Kaler, P.A.
together with check in the amount of \$150.00 for filing fee.

My husband, Mr. Kaler, died on March 26, 1999. He was a sole
practitioner. On the advise of my estate attorney I was told to
let the corporation just dissolve automatically thus I did not
pay the annual fee.

I was just informed by my tax attorney that due to a profit-
sharing plan which for some reason requires an amendment even
though my husband is deceased that I need to keep the corporation
open until there is a determination letter and a termination
letter from the IRS.

Due to the above circumstances, I ask that you forgive the late
fee. The office is closed so please send any correspondence to
me at the address below. Thank you.

Sincerely,



Dorothy Kaler
269 River Drive
East Palatka, FL 32131
(904) 326-0442