

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
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90074 049 ***150.00

DOCUMENT # L57893

1. Corporation Name

DUFFEY & DAVIS, P.A.

Principal Place of Business

1800 SECOND STREET
SUITE 854
SARASOTA FL 34236
US

Mailing Address

1800 SECOND STREET
SUITE 854
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1990

4. FEI Number

65-0179813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 4400 Independence Ct.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FL

Zip

24 34234

Country

25 SARASOTA

2a. Mailing Address

26 4400 Independence Ct.

Suite, Apt. #, etc.

27

City & State

28 SARASOTA FL

Zip

29 34234

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

DUFFEY, SAMUEL S.
1800 SECOND STREET
SUITE 854
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

DUFFEY, SAMUEL S.

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

4400 INDEPENDENCE COURT

83

SARASOTA, Florida

84 City

FL

85 Zip Code

34234

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.

SAMUEL S. DUFFEY

(NOTE: Registered Agent signature required when reinstating)

DATE

4.28.99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DUFFEY, SAMUEL S.
STREET ADDRESS 1800 SECOND STREET #854
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4400 INDEPENDENCE COURT
1.4 CITY-ST-ZIP SARASOTA, Florida 34234

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SAMUEL S. DUFFEY, President

Date

4.28.99

Daytime Phone #

(941) 355 9361

CR2E034 (11/98)

0474757