

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # L59609

FLORIDA ONE BROKERAGE, INC.

Principal Place of Busin							
% GARY A. PITTMAN							
4216 W. SWANN AVE.							

Mailing Address

## **FILED** Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90067 039 \*\*\*150.00



% GARY A. PITTMAN 4216 W. SWANN AVE. TAMPA FL 33609		GARY A. PITTMAN P.O. BOX 10965 TAMPA FL 33679			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 03/19/1990		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For	
21		26			59-3101637	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Cortificate of Status Desired	3.75 Additional	
22		27			Fee Required		
City & State		City & State			6. Election Campaign Financing 55.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip			Country	у	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Currer		<u>''</u>		10. Name and Address of New Registered Agent		
	9. Name and Address of Correc	it Registered Agent	81	Name	19. Walle and Madiesa of New Registers Age.		
PITTI	MAN, GARY A		Ľ		**************************************		
4216 W SWANN AVE				Street Addr	Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33609				3	1	HER TH SHIPE	
	,						
			84	City	F1 85	Zip Code	
SIGNATURE	n familiar with, and accept the obligations of registered age	nt and title if applicable. (NOTE: Re	gistered Age	ent signature require	d when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIF	: : : : : :	
12.	<u> </u>	ID DIRECTORS	13.			Change Addition	
TITLE	P	. C DELETE	1.1 TITLE			mange (1) tastion	
NAME	PITTMAN, GARY A		1.2 NAME				
STREET ADDRESS	4216 W. SWANN AVE.			ET ADDRESS			
CITY-ST-ZIP TITLE	TAMPA FL 33609	☐ DELETE	1.4 CITY-: 2.1 TITLE	51-21	no	hange Addition	
NAME			2.2 NAME		· —		
STREET ADDRESS	ACAD M. COMANNA AND			ET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609		2. 4 CITY-				
TITLE	TANITA I E GOODS	☐ DELETE	3.1 TITLE	<u> </u>		hange	
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREI	ET ADDRESS		0	
CITY-ST-ZIP	•		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change - A  Addition	
NAME.			4. 2 NAME			1	
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CłTY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		. 🗆	Change Addition	
NAME		``	5.2 NAME	i	•	;	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		□ BELEE	5.4 CITY-1 6.1 TITLE	ST-ZIP	·	Change	
TITLE		☐ DELETE			Ľ) (	mange   Addition	
NAME			6.2 NAME			Į	
STREET ADDRESS			6.4 CITY-	ET ADDRESS		1	
CUTY OF TIP			■ 0.4 CHY-	o⊩-∠ir l			

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:** 

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR