

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 11, 1999 8:00 am  
Secretary of State

05-11-1999 90035 020 \*\*\*150.00

DOCUMENT # L91720

1. Corporation Name

KALISH & WARD, PROFESSIONAL ASSOCIATION

Principal Place of Business

4100 BARNETT PLAZA  
101 E. KENNEDY BLVD.  
TAMPA FL 33602

Mailing Address

4100 BARNETT PLAZA  
101 E. KENNEDY BLVD.  
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1990

4. FEI Number

59-3024711

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KALISH, WILLIAM ESQ.  
4100 BARNETT PLAZA  
101 E. KENNEDY BLVD.  
TAMPA FL 33602

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	DS	<input type="checkbox"/> DELETE
NAME	KALISH, WILLIAM	
STREET ADDRESS	101 E KENNEDY BLVD #4100	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WARD, ALTON C.	
STREET ADDRESS	101 E KENNEDY BLVD #4100	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHLOSSER, RICHARD A.	
STREET ADDRESS	101 E KENNEDY BLVD #4100	
CITY-ST-ZIP	TAMPA FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	BOSECKER, KELLEY A	
STREET ADDRESS	101 E. KENNEDY #4100	
CITY-ST-ZIP	TAMPA FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	ROVELL, ROGER J.	
STREET ADDRESS	101 E KENNEDY BLVD #4100	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HANEY, R REID	
STREET ADDRESS	101 E KENNEDY BLVD, STE 4100	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

813-222-8700

CR2E034 (11/98)

ATTACHMENT TO ANNUAL REPORT

KALISH & WARD, P.A.

345052-90035-20  
L91720

Line 12 - Additional Officers & Directors

TITLE	DAS	
NAME	R. DENNIS TWEED	
STREET ADDRESS	101 E. KENNEDY BLVD #4100	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	DAS	
NAME	CHARLES H CARVER	
STREET ADDRESS	101 E. KENNEDY BLVD #4100	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	DV	CHANGE
NAME	WILLIAM R. SWINDLE	
STREET ADDRESS	101 E. KENNEDY BLVD #4100	
CITY-ST-ZIP	TAMPA, FL 33602	