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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90151 002 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L92569**

1. Corporation Name

**GRADY & ASSOCIATES LEGAL PROFESSIONAL ASSOCIATIO  
 N**



Principal Place of Business

PO BOX 10909  
 NAPLES FL 33941-0909

Mailing Address

PO BOX 10909  
 NAPLES FL 33941-0909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/13/1990**

4. FEI Number

**65-0215294**

Applied For

Not Applicable

2. Principal Place of Business

21 **P.O. Box 10**

2a. Mailing Address

26 **P.O. Box 10**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Naples FL**

27 City & State

28 **Naples, FL**

24 Zip Country

24 **34102** 25 **US**

29 Zip Country

29 **34102** 30 **US**

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

9. Name and Address of Current Registered Agent

**GRADY, THOMAS R.  
 3411 TAMiami TRAIL N  
 SUITE 200  
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

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

**720 Fifth Avenue South**

83 **Suite 200**

84 City **Naples**

85 Zip Code **FL 34102**

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 **D**  DELETE

NAME **GRADY, THOMAS R.**  
 STREET ADDRESS **3411 TAMiami TRAIL N 200**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS **720 Fifth Avenue South, Suite 200**  
 1.4 CITY-ST-ZIP **Naples, FL 34102**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/9/99** **(941) 261-6555**

Daytime Phone #

CR2E034 (1/98)