

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90024 037 ***150.00

0515147

DOCUMENT # L93673

1. Corporation Name

FENTON AND LANG OF STUART, INC.

Principal Place of Business

400 FLAMINGO AVENUE
STUART FL 34996

Mailing Address

400 FLAMINGO AVENUE
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1990

4. FEI Number

65-0212508

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

21 3232 S.E. DIXIE HWY
Suite, Apt. #, etc.

2a. Mailing Address

26 3232 S.E. DIXIE HWY.
Suite, Apt. #, etc.

City & State

23 STUART FL
Zip Country

24 34997

25

City & State

28 STUART FL
Zip Country

29 34997

30

9. Name and Address of Current Registered Agent

BEALL, KENNETH S., JR.
777 SOUTH FLAGLER DR.
SUITE 500
WEST PALM BEACH FL 33401

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 ☐ DELETE

NAME LANG, J. GRAEME, JR.
STREET ADDRESS 2 SOUTH BEACH RD.
CITY-ST-ZIP HOBE SOUND FL

TITLE VP ☐ DELETE

NAME JOHN BLADES,
STREET ADDRESS 400 FLAMINGO AVENUE
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ST ☐ DELETE

NAME JAMES MORGAN,
STREET ADDRESS 400 FLAMINGO AVENUE
CITY-ST-ZIP STUART FL 34996

TITLE AT ☐ DELETE

NAME PETER HARTMAN,
STREET ADDRESS 400 FLAMINGO ROAD
CITY-ST-ZIP STUART FL 34996

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

1.4 CITY-ST-ZIP

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:

J. Morgan Beall, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

561
220-0233

Daytime Phone #

CR2E034 (11/98)