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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M64090

1. Corporation Name

E. LARRY SEWELL, P.A.

FILED
Feb 13, 1999 8:00am
Secretary of State
02-13-1999 90005 028 *****150.00



Principal Place	of Business		illing Address							
% E. LARRY SE			E. LARRY SEWELL							
766 HUDSON AVE SUITE A			766 HUDSON AVE SUITE A SARASOTA FL 34236				DO NOT WRITE IN THIS SPACE			
SARASOTA FL 34236			NASOTA IL STESSO				3. Date Incorporated or Qualifed	,		
							01/06/1988			
3 Principal Pi	ace of Business	2a.	Mailing Address				4. FEI Number		App	lied For
	ace of Dusiness	26					65-0023712		Not	Applicable
Suite, Apt.	# etc	201	Suite, Apt. #, etc.						\$8.75 A	l II
_	#, etc.	27	, ,				5. Certifcate of Status Desired		Fee Rec	uired
City & State	Α		City & State				6. Election Campaign Financing		\$5.00	vtay Be
23	•	28	•				Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	 ,	Zip	Cou	untry		8. This corporation owes the curr	ent year Inta		_
24	25	29	[:	30			Personal Property Tax.			∐No
24	9. Name and Address of Curren		tered Agent				10. Name and Address of New	Registered A	gent	
					81	Name				1
	ÆLL, E. LARRY				82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
766	HUDSON AVE.					Oli COL 7 IGGI.	1:00.40 ORT OF SHIPE 18:	en skripe e	en i di en in di entre	(#10 P. T. 1 1/2)
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SAR	ASOTA FL 34236						144114016141	41.1.24	85 Zip C	ode
					84	City		FL		
44 5 5 5 5	to the provisions of Sections 607.050	2 and 6	07 1508 Florida Statute	s. the a	above	-named corp	oration submits this statement for the	purpose of	hanging its	registered
							on's board of directors. I hereby acce	pt the appoir	tment as reg	Istered
agent. I a	m familiar with, and accept the obliga	tions of	, Section 607.0505, Flori	ga Sta	tutes.				· .	
SIGNATURE	Signature, typed or printed name of registered ager	nt and litte	if applicable (NOTE:	Registere	d Agent	signature require	d when reinstating)	DATE		<u> </u>
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OF	FICERS AN		
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STREET ADDRESS					J II LL.	1		•	-	
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J 30			☐ DELETE	3.11 3.21 3.35 3.4. 4.11	TITLE NAME STREET CITY-S TITLE	ADDRESS	等。 1	हिता मुक्ति है है। इ.स.च्या है है। किस इस महिता		
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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 of trustife 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 27, 1999

(941) 365-5111

365-51. aytime Phone # R2F034 (11/98)