

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

99 JAN 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M69953

1. Corporation Name

McFARLAIN, WILEY, CASSEDY & JONES, P.A.

Principal Place of Business

215 SOUTH MONROE STREET, SUITE 600
P.O. BOX 2174
TALLAHASSEE FL 32316-9174

Mailing Address

215 SOUTH MONROE STREET, SUITE 600
P.O. BOX 2174
TALLAHASSEE FL 32316-9174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/29/1988

4. FEI Number

59-2872417

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.

23 City & State

24 Zip Country

32316-2174

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

32316-2174

9. Name and Address of Current Registered Agent

WILEY, WILLIAM B
215 S MONROE ST #600
TALLAHASSEE FL 32301

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

1-8-99

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE

NAME MCFARLAIN, RICHARD C
STREET ADDRESS 215 SOUTH MONROE STREET, SUITE 600
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☒ DELETE

NAME MCMULLEN, LINDA
STREET ADDRESS 215 SOUTH MONROE STREET, SUITE 600
CITY-ST-ZIP TALLAHASSEE FL

TITLE STD ☐ DELETE

NAME WILEY, WILLIAM B.
STREET ADDRESS 215 S. MONROE ST. #600
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE

NAME WHITE, JR H DARRELL
STREET ADDRESS 215 SOUTH MONROE ST #600
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE

NAME JONES, DOUGLAS P.
STREET ADDRESS 215 S. MONROE ST. #600
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ DELETE

NAME STAMPELOS, CHARLES A.
STREET ADDRESS 215 S. MONROE ST. #600
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Christopher Bankas
1.3 STREET ADDRESS 215 South Monroe St. #600
1.4 CITY-ST-ZIP Tallahassee, FL 32301

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Harold R. mardenborough Jr.
2.3 STREET ADDRESS 215 South Monroe St #600
2.4 CITY-ST-ZIP Tallahassee, FL 32301

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Terrell C. madigan
3.3 STREET ADDRESS 215 So. Monroe St #600
3.4 CITY-ST-ZIP Tallahassee, FL 32301

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 900002749319--7
4.3 STREET ADDRESS -01/21/99--01038--021
4.4 CITY-ST-ZIP ****158.75 ****158.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99

005477

CR2E034 (11/98)