## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200002843 (0)

ADAM T. DAHMER, III, D.C., P.A.

DAHMER, ADAM T III 7026 PALISADE DRIVE

**PORT RICHEY FL 34668** 

Principal Place of Business Mailing Address 7026 PALISADE DRIVE 7026 PALISADE DRIVE PORT RICHEY FL 34668 PORT RICHEY FL 34668 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3151499 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

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.

83

Name

City

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

SIGNATURE Signature, typed or printed name of tegistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change Addition DELETE TITLE 1.1 TITLE DAHMER, ADAM T III 1.2 NAME NAME 7026 PALISADE DRIVE 1.3 STREET ADDRESS STREET ADORESS **PORT RICHEY FL 34668** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY+ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition 4 1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 roport 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 altache into the control of the corporation of the corporat

SIGNATURE: What many D.

4-1-98 813-869-7399

**FILED** 

Apr 07 1998 8:00am

Secretary of State

;R2E034 (10/97)

Zip Code

85