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**Mar 03, 1999 8:00 am**  
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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P92000008637**

1. Corporation Name  
**DONALD A. PICKWORTH, P.A.**



Principal Place of Business <b>5811 PELICAN BAY BLVD          SUITE 210          NAPLES FL 34108          US</b>	Mailing Address <b>5811 PELICAN BAY BLVD          SUITE 210          NAPLES FL 34108          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 5150 Yamiami Trail N.          Suite, Apt. #, etc.  <b>22 Suite 602          City &amp; State  <b>23 Naples, FL          Zip  <b>24 34103</b> Country  <b>25 USA</b></b></b></b>	2a. Mailing Address <b>26 5150 Yamiami Trail N.          Suite, Apt. #, etc.  <b>27 Suite 602          City &amp; State  <b>28 Naples, FL          Zip  <b>29 34103</b> Country  <b>30 USA</b></b></b></b>
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3. Date Incorporated or Qualified <b>11/23/1992</b>	4. FEI Number <b>65-0371559</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PICKWORTH, DONALD A  
 5811 PELICAN BAY BLVD  
 STE 210  
 NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name <b>Pickworth, Donald A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5150 Yamiami Trail North</b>
83 <b>Suite 602</b>
84 City <b>Naples</b>
85 Zip Code <b>FL 34103</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICKWORTH, DONALD A</b>	1.2 NAME	<b>Pickworth, Donald A</b>
STREET ADDRESS	<b>5811 PELICAN BAY BLVD SUITE-210</b>	1.3 STREET ADDRESS	<b>5150 Yamiami Trail North, Suite 602</b>
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	1.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 appointment with an address, with all other like empowered.

SIGNATURE: **Donald A. Pickworth** **DONALD A. PICKWORTH** 1/29/99 (941) 263-8060  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)