## 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

## DOCUMENT # **P9300006806**1. Corporation Name

POOLE & MCKINLEY, INC.

## **FILED** Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90035 039 \*\*\*150.00



Principal Place	of Business	Mailing Address							
106 EAST COLL	EGE AVENUE	P. O. BOX 10507							
SUITE 700		TALLAHASSEE FL 32303				DO NOT WRITE IN THIS SPACE			
TALLAHASSEE F	FL 32303	US							
						3. Date incorporated or Qualifed			
						01/28/1993			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26		_	_	59-3162772		No.	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	I
22		27	27			3. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & State		City & State			-	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	ent year Inta	ngible	}
24	25	29	30			Personal Property Tax.		☐Yes	□No
24	9. Name and Address of Current		11		-1	10. Name and Address of New F	Registered A	gent	
	o. Haire and Addition of Contract			81 1	Name		-		
MCK	INLEY, WILL								
	S BRONOUGH ST		82 Street Ad			ess (P.O. Box Number is Not Accepta	able)		Ì
STE			83				···		
				63					
IALL	AHASSEE FL 32301			84 (	City			85 Zip	Code
							<u>FL</u>	<u> </u>	
11. Pursuant i	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the at	oove-n	named corpo	oration submits this statement for the	purpose of o	changing its tment as re	registered
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flo	rida Statı	ites.	e corporatio	it's board of directors. Thereby doce	or the appoint		9.2.2.7.2
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent si	ignature required	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTO	
TITLE	С	☐ DELETE	1.1 TiT	n.E				Change	☐ Addition
NAME	POOLE, VAN B.		1.2 NA	ME					
	106 EAST COLLEGE AVE., STE	700	13ST	REETAL	DDRESS				i
STREET ADDRESS		100		TY-ST-Z					
CITY-ST-ZIP	TALLAHASSEE FL	☐ DELETE	2,1 TI					☐ Change	☐ Addition
TITLE	P	- Deceie							
NAME	MCKINLEY, WILL		2.2 NA			•			1
STREET ADDRESS	106 EAST COLLEGE AVE., STE	. 700		REETAC		1. -			
CITY-ST-ZIP	TALLAHASSEE FL			TY-ST-Z	ZIP _		·	Change	E1 Addition
TITLE		☐ DELETE	3.1 TIT	TLE				☐ Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS	•		3.3 \$1	TREET AL	DORESS				ļ
CITY-ST-ZIP			3.4. C	ITY-ST-Z	ZIP				
TITLE		☐ DELETÉ	4.1 TI	TLE				☐ Change	☐ Addition
NAME			4. 2 N	AME					
			4351	TREET AL	DORESS				ĺ
STREET ADDRESS			1	TY-ST-Z	I				
CITY-ST-ZIP		☐ DELETE	5.1 TI		LIF .			☐ Change	Addition
TITLE			5.1 H					_ ,	_
NAME				TREET AL	ODDESS				ì
STREET ADDRESS									
CITY-ST-ZIP				TY-ST-Z				[] Change	Addition
TITLE		☐ DELETE	6.1 TI					Change	C.J Addition
NAME			6.2 N/						
STREET ADDRESS			6.3 \$7	TREET AL	DDRESS				
			64 CI	TY-\$T-7	71P				

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 angular 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 receiper 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