

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90218 015 ***150.00

DOCUMENT # P93000030107

1. Corporation Name

DARRYL J. TOMPKINS, P.A.

Principal Place of Business

102 S MAIN ST
ALACHUA FL 32615
US

Mailing Address

P O BOX 519
ALACHUA FL 32616
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1993

4. FEI Number

65-0407995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 14706 Main Street
Suite, Apt. #, etc.

22 City & State

23 Alachua, FL

24 32615 25 U.S.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 32615 30 U.S.

9. Name and Address of Current Registered Agent

TOMPKINS, DARRYL J
102 S MAIN ST
SUITE 820
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name

Tompkins, Darryl J.

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

14706 Main Street

83

84 City

Alachua

FL

85 Zip Code
32615

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

4/18/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP
NAME TOMPKINS, DARRYL J
STREET ADDRESS 102 S MAIN ST
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Tompkins, Darryl J.

1.3 STREET ADDRESS 14706 Main Street

1.4 CITY-ST-ZIP Alachua, FL 32615

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

Darryl J. Tompkins, President

Date

4/16/99

Daytime Phone #

(904) 418-1000

CR2E034 (11/98)