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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90064 024 ***150.00

DOCUMENT # P93000034966

1. Corporation Name

| RICHARE |) A. KHAUSE, P.A. | | | | | |
|---|---|--|---|--|----------------------|---|
| Principal Place | e of Business | Mailing Address | | | | *************************************** |
| 1234 AIRPORT | RD | 1234 AIRPORT RD | | 1 | | |
| SUITE 123 DESTIN FL 3254 | SUITE 123 32541 DESTIN FL 32541 | | | DO NOT WRITE IN THIS SPACE | | |
| US | US US | | 3. Date Incorporated or Qualifed | | | |
| | | | | 05/13/1993 | | 1 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Арр | lied For |
| 21 1234 | Airport Road | 26 1234 AIRDO | ert Road | 59-3184446 | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | <u> </u> | 5. Certificate of Status Desired | \$8.75 A | |
| 22 SOI-H | | 27_Suite_105 | | | Fee Req | · |
| City & State | . ~ | City & State Dockton, F | مامام | 6. Election Campaign Financing | \$5.00 N Added to | |
| 23 Dest | In Florida Country | Zip Zip | Ort CIA Country | 8. This corporation owes the current year | | 7 |
| Zip 24 3254 | | 29 32591 3 | ¬ •' | Personal Property Tax. | | X No |
| 24 300 | <u> </u> | of Current Registered Agent | 0; V_ | 10. Name and Address of New Registere | | |
| | | | 81 Name | ١ ٨ ٧ | | |
| KRAUSE, RICHARD | | | | ess (P.O. Box Number is Not Acceptable) | | |
| 1234 AIRPORT RD | | | 1234 | Airport Road | | |
| DES | TIN FL 32541 | | 83 | 105 | | |
| | | | 84 City 1 | | . 85 Zip C | ode |
| | | | 1 Dest | ∧F | L 1325 | ;'4 <u>:</u> "] |
| 11. Pursuant | to the provisions of Sections | 607.0502 and 607.1508, Florida Statutes | , the above-named corp | oration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its r | egistered istered |
| agent. I a | m familiar with, and accept the | he obligations of, Section 607.0505, Florid | a Statutes. | graduate of directors. Thereby about the day | ontanent de reg | ,,,,,,,, |
| SIGNATURE | IL C | <u> </u> | | 1/4/9 | <u> </u> | \ |
| 12. | Signature, typed or printed name of reg | distered agent and title if applicable. (NOTE: R | egistered Agent signature required 13. | d when reinstating) ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | RS IN 12 |
| TITLE | D | DELETE | 1.1 MLE | ADDITIONA/OFFICIAL CONTINUES TO OFFICE ACTION OF THE CONTINUES OF THE CONT | ☐ Change | Addition |
| NAME | KRAUSE, RICHARD A | <u> </u> | 1.2 NAME | | | _) |
| STREET ADDRESS | 602 GRENADA WAY | | 1.3 STREET ADDRESS | • | | ı |
| CITY-ST-ZIP | NICEVILLE FL 32578 | | 1.4 CITY-ST-ZIP | | | l |
| TITLE | S | ☐ DELETE | 2.1 TITLE | | ☐ Change | Addition |
| NAME | REGAN, SHARON A. | | 2.2 NAME | | | į |
| STREET ADDRESS | 602 GRENADA WAY | | 2.3 STREET ADDRESS | - - | | |
| City-ST-ZIP | NICEVILLE FL | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | ☐ Addition |
| TITLE | | | 4.1 TITLE | | Change | ☐ Addition |
| NAME | | ☐ DELETE | | | | |
| STREET ADDRESS | | C OCLETE | 4, 2 NAME | | | |
| | | C) betele | 4.2 NAME 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | - | Channe | Addition |
| TITLE | | ☐ DELETE | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | | ☐ Change | Addition |
| TITLE NAME | | | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS | | | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELETE | 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | | |

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:

SIGNICILE DEQUIRE REQUIRED