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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P93000039440 (1)

JERRY A. GOMEZ, P.A.

CITY-ST-ZIP

Principal Place of Business Mailing Address 4830 W. KENNEDY BLVD. 4830 W. KENNEDY BLVD. SUITE BOO SUITE 800 DO NOT WRITE IN THIS SPACE **TAMPA FL 33609** TAMPA FL 33609 3. Date Incorporated or Qualified <u>05/28/1993 </u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3186715 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOMEZ, JERRY A 4830 W. KENNEDY BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 800 83 **TAMPA FL 33609** Zip Code 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** Signalure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change PSD TITLE 1.1 TITLE ___ Addition NAME **GOMEZ.** JERRY A 1.2 NAME STREET ADDRESS 4830 W. KENNEDY BLVD., STE. 800 1.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE TITLE Change ___ Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS

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. 4-21.00

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP