

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000045115 (1)

1. Corporation Name
THOMAS A. GUEST, PH.D., P.A.

Principal Place of Business

~~881 DOUGLAS AVE~~
~~STE 101~~
~~ALTAMONTE SPRINGS FL 32714~~
~~US~~

Mailing Address

~~881 DOUGLAS AVE~~
~~STE 101~~
~~ALTAMONTE SPRINGS FL 32714~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 691 Douglas Ave	26 691 Douglas Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 STE 103	27 STE 103
City & State	City & State
23 Altamonte Springs FL	28 Altamonte Springs FL
Zip	Zip
24 32714	29 32714
Country	Country
25 Semindole	30 Semindole

3. Date Incorporated or Qualified	06/21/1993
4. FEI Number	59-3190590
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MALONE, WILLIAM C IV
827 MENENDEZ COURT
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUEST, THOMAS A	
STREET ADDRESS	520 RIVERA DRIVE - 288 Bald Eagle Run	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701 LAKE MARY FL 32744	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUEST, LINDA C	
STREET ADDRESS	520 RIVERA DRIVE - 288 Bald Eagle Run	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701 LAKE MARY FL 32744	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE:

Thomas A. Guest PhD

4/24/98 407-682-6330

CR2E034 (10/97)