

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 # P93000047185

1. Corporation Name
FREEMAN & HUNTER, P.A.

Principal Place of Business
201 E. KENNEDY BLVD.
SUITE 1950
TAMPA FL 33602
US

Mailing Address
201 E. KENNEDY BLVD.
SUITE 1950
TAMPA FL 33602
US

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90037 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1993

4. FEI Number
59-3188989

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

9. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P
101 E. KENNEDY BLVD
SUITE 4100
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name GROVER C. FREEMAN
82 Street Address (P.O. Box Number is Not Acceptable)
201 E. KENNEDY BLVD
83 SUITE 1950
84 City TAMPA FL 85 Zip Code 33602-5829

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

4-28-99

12. OFFICERS AND DIRECTORS

TITLE
NAME ST
STREET ADDRESS FREEMAN, GROVER C JR.
CITY-ST-ZIP 3113 MOSSVALE LANE
TAMPA FL

TITLE
NAME P
NAME HUNTER, C. HOWARD III
STREET ADDRESS 118 HICKORY CREEK DR.
CITY-ST-ZIP BRANDON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
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
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

Date

Daytime Phone #

April 28 1999 813-222-8200

CR2E034 (11/98)