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Apr 09, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000086415

1. Corporation Name
BONNIE L. KIRBY, C.P.A., P.A.

Principal Place of Business 4170 SALTWATER BLVD. TAMPA FL 33615	Mailing Address 4170 SALTWATER BLVD. TAMPA FL 33615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13722 WALBROOKE DR Suite, Apt. #, etc.	2a. Mailing Address 26 13722 WALBROOKE DR Suite, Apt. #, etc.
22 City & State 23 TAMPA, FL	27 City & State 28 TAMPA, FL
24 Zip 33624 25 Country USA	29 Zip 33624 30 Country USA

3. Date Incorporated or Qualified 12/17/1993	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3215337	
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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

KIRBY, BONNIE L
4170 SALTWATER BLVD.
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name BONNIE L. KIRBY
82 Street Address (P.O. Box Number is Not Acceptable) 13722 WALBROOKE DRIVE
83
84 City TAMPA
85 Zip Code FL 33624

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 Bonnie L Kirby DATE 3/8/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KIRBY, BONNIE L
STREET ADDRESS	4170 SALTWATER BLVD.
CITY-ST-ZIP	TAMPA FL 33615
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	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BONNIE L KIRBY
1.3 STREET ADDRESS	13722 WALBROOKE DRIVE
1.4 CITY-ST-ZIP	TAMPA, FL 33624
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie L Kirby DATE 3/8/99 (813) 265-8189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)