

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 # 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

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90065 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1993

4. FEI Number

59-3215337

Applied For

Not Applicable

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

2. Principal Place of Business

21 13722 WALBROOKE DR  
Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33624

Country

25 USA

2a. Mailing Address

26 13722 WALBROOKE DR  
Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33624

Country

30 USA

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

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KIRBY, BONNIE L  
STREET ADDRESS 4170 SALTWATER BLVD.  
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ 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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

3/8/99

(813) 265-8189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0393038