## 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 # P9400001953

1. Corporation Name

COURSEY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2554 BLANDING BLVD., SUITE K	2554 BLANDING BLVD., SUITE I
MIDDLEBURG FL 32068	MIDDLEBURG FL 32068

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90052 037 \*\*\*150.00

Principal Place of Business Mailing Address									
		2554 BLANDING BLVD., SUITE MIDDLEBURG FL 32068	SUITE K			DO NOT WRITE	E IN THIS S	PACE	
						3. Date Incorporated or Qualifed			
l						01/10/1994			
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number		A	pplied For
21		26				59-3218212		. N-	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			= 4	Γ'		\$8.75	Additional
		27	-		•	5. Certificate of Status Desired		Fee R	equired
City & State	8	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the currer			_
24	25	29 3	0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent	
		•		81	Name				
	rsey, kevin s			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
	Blanding Blvd., Suite K			-	011001710010		-,	,	
MIDD	Leburg FL 32068			83					
				84	Cit.			85 Zip	Code
				**	City		FL	103 2.15	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was aut	norized	i by tr	named corpo he corporation	ration submits this statement for the pin's board of directors. I hereby accept	urpose of c the appoint	hanging its ment as re	registered egistered
SIGNATURE		(3)		A1	signature required	unton reinstating)	DATE		
40	Signature, typed or printed name of registered agent OFFICERS ANI	· · · · · · · · · · · · · · · · · · ·	13.	Agent	aignature required	ADDITIONS/CHANGES TO OFFI		DIRECT	ORS IN 12
12.	P	DELETE	1.1 70	ΠF	-	ADDITIONO/O/ULTOLO !! O O!!!		Change	Addition
	•		1.2 NA			•			
NAME	COURSEY, WILLIAM JR				ADDRESS				
STREET ADDRESS	5380 LOCHNESS DR				1				
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	DELETE	2.1 TI	TY-ST-	ZIP			Change	Addition
TITLE	VS		2.2 N					_ *	_
NAME	COURSEY, KEVIN S		1		, DODGCC				ļ
STREET ADDRESS	3758 CREEK HOLLOW LANE		1		ADDRESS				
CITY-ST-ZIP	MIDLEBURG FL 32068 -	☐ DELETE	3.1 TI	ITY-ST-	-ZIP.			Change	[] Addition
TITLE			3.1 N						
NAME			1		ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	****	☐ DELETE	3.4. C	ITY-ST-	- 4312			Change	Addition
TITLE	·		•					94	
NAME			4.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE		TY-ST-	·ZIP			Change	Addition
TITLE			5.1 TC 5.2 N/						
NAME			1		ADDESS				
STREET ADDRESS					ADDRESS				ŀ
CITY-ST-ZIP			5.4 CI 6.1 TI	TY-\$T-	ZIP			Change	Addition
TITLE		☐ DELETE						change	
NAME			6.2 N		ADDRESS				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP	1		6.4 CI	TY-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 plan attachment with an address, with all other like empowered.

**SIGNATURE:** 

904-282-0174