

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 # P94000004938

1. Corporation Name
DOSS & SIMS, P.A.

Principal Place of Business
500 E ALTAMONTE DRIVE
SUITE 210
ALTAMONTE SPRINGS FL 32701

Mailing Address
500 E ALTAMONTE DRIVE
SUITE 210
ALTAMONTE SPRINGS FL 32701

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90018 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1993

4. FEI Number
59-3255183

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
21 500 E. Altamonte Dr.

2a. Mailing Address
26 P.O. Box 196248

Suite, Apt. #, etc.
22 Suite 200

Suite, Apt. #, etc.
27

City & State
23 Altamonte Springs, FL

City & State
28 Winter Springs, FL

Zip Country
24 32701 25 USA

Zip Country
29 32719-6248 30 USA

9. Name and Address of Current Registered Agent

SIMS, DAVID A
500 E ALTAMONTE DRIVE
SUITE 210
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name Thomas E. Doss III
82 Street Address (P.O. Box Number is Not Acceptable)
500 E. Altamonte Dr.
83 Suite 200
84 City Altamonte Springs FL 85 Zip Code 32701

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
NAME DOSS, THOMAS E III
STREET ADDRESS 500 E ALTAMONTE DRIVE, SUITE 210
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D
NAME SIMS, DAVID A
STREET ADDRESS 500 E ALTAMONTE DRIVE, SUITE 210
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

4/16/99

407/830-0017

CR2E034 (1/98)