Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90024 029 ***150.00

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 # P9400006377

1. Corporation	Name 1 3 4000	000011			
DOUGHE	RTY, O'MALLEY & MILLS,	P.A.			
Principal Place of Business Mailing Address					I (BBII 20) III 10:11 4:01) 20(1) 20:11 40:11 40:11 40:11 40:11 40:11 40:11
906 NORTH BELCHER ROAD CLEADWATER SI 3000 CLEARWATER SI 3000 CLEARWATE					
CLEARWATER FL 34625 CLEARWATER FL 34625					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					01/26/1994
Principal Place of Business 2a. Mailing Address					4, FEI Number Applied For
21		26	· · · · · · · · · · · · · · · · · · ·		59-32 15825 Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		27			
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28	Country		
Zip	Country	Zip	`		8. This corporation owes the current year Intangible Personal Property Tax. ☐ No
<u> 24 33765 -</u>		1100100 E100	80		Personal Property Tax.
	9. Name and Address of Curren	it Registered Agent	81	Name	
חטוו	GHERTY, ROBERT A		"		
906 NORTH BELCHER ROAD			82	Street	eet Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34625			83		
	WINAIEN I E GAOZO		83		
			84	City	FL 85 Zip Code
				<u> </u>	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above thorized by	e-named the corp	ed corporation submits this statement for the purpose of changing its registered propration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	tions of Section 607.0505, Florid	da Statutes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE					
	Signature, typed or printed name of registered ager			nt signature	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		
NAME	DOUGHERTY, ROBERT A		1.2 NAME		
STREET ADDRESS	8712 BAY CREST LANE		1.3 STREE		SS
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	O'MALLEY, THOMAS R		2.2 NAME		
STREET ADDRESS	3181 SAN MATEO DRIVE		2.3 STREET	ADDRESS	:ss
CITY-ST-ZIP	CLEARWATER FL 34619		2. 4 CITY-S	T- ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, PAMELA J		3.2 NAME		
STREET ADDRESS	7466 OAK TREE LANE		3.3 STREET	ADDRESS	:SS
CITY-ST-ZIP	SPRING HILL FL 34607		3.4. CITY-S	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	-	Change Additio
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	ess
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADORESS	ess
CITY-ST-ZIP			5.4 CITY-S	1-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change ☐ Additio
	1		1		·

14. 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 supplier 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 eceiver or trusted 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

5. ::余行)Robert A. Dougherty 01-05/1999

727-442-1965

Davtime Phone #