


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90013 034 *****150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000008638					
1. Corporation Name NOLAN S. WINN, P.A.					
Principal Place of Business 4161 CARMICHAEL AVE. #137 JACKSONVILLE FL 32207 US			Mailing Address 4161 CARMICHAEL AVE. #137 JACKSONVILLE FL 32207 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3222246	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WINN, NOLAN S. 4161 CARMICHAEL AVE. #137 JACKSONVILLE FL 32207			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D WINN, NOLAN S			1.2 NAME		
STREET ADDRESS 2009 CHALLEUX DR W			1.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL 32205			1.4 CITY-ST-ZIP		
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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)