PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000024780**1. Corporation Name

JOHN E. STAMPS, P.A.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90056 026 ***150.00



Principal Place of Business Mailing Address					T CONTINUE THE TEXT SOME SOME SOME SOME SOME	AR HOM GLAN HERAL	INCH NAME TANK
1937 GRACE AVENUE 1937 GRACE AVENUE FORT MYERS FL 33901 FORT MYERS FL 33					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					03/28/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			65-0475544		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	<u>د د د ر</u> سوس مد در	5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	· · · · · · · · · · · · · · · · · · ·
Zip	Country	Zip	Country	/	8. This corporation owes the current year		
24	25 29		0		Personal Property Tax.		No
	9. Name and Address of Curre	ent Registered Agent	_ _		10. Name and Address of New Registere	d Agent	
			81	Name			
	MPS, JOHN E GRACE AVENUE		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
FOR	T MYERS FL 33901		83				, .
			84	City	F	85 Zip C	Code
office or re	egistered agent, or both, in the State	02 and 607.1508, Florida Statutes, to of Florida. Such change was authorations of, Section 607.0505, Florida	rized by	the corpora	prporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered
	m lamiliar with, and accept the oblig	ations of, Section our cood, Florida	otatuto.	.			}
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Reg	istered Age	nt signature requ	uired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	·		☐ Change	Addition
NAME	JOHN E. STAMPS		1.2 NAME	}			}
STREET ADDRESS	1937 GRACE AVE		1.3 STREE	TADDRESS			}
CITY-ST-ZIP	FT. MYERS FL		1.4 C(TY-5	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	·	<u></u>	2.4 CITY-	ST-ZIP	<u>, </u>		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	. [•	Change	Addition
NAME	•		4, 2 NAME				
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CITY-ST-ZIP			4.4 CITY-	ST-ZIP			Addition
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NAME	` ,		6.2 NAME				Ì
STREET ADDRESS				T ADDRESS			1
CITY-ST-ZIP			6.4 CITY-5	SI-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:

JOHN E. STAMPS