

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000026458**
Corporation Name
THOMAS E. TODD, P.A.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90003 018 ***550.00



Principal Place of Business
17 LITTLE ROAD
NEW PORT RICHEY FL 34654-5825

Mailing Address
7617 LITTLE ROAD
NEW PORT RICHEY FL 34654-5525
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	
17 LITTLE ROAD NEW PORT RICHEY FL 34654-5825		7617 LITTLE ROAD NEW PORT RICHEY FL 34654-5525 US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
25		29	30
3. Date Incorporated or Qualified 04/07/1994		4. FEI Number 59-3238340	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TODD, P.A. T 7617 LITTLE ROAD NEW PORT RICHEY FL 34654		81 Name THOMAS TODD 82 Street Address (P.O. Box Number is Not Acceptable) 7617 LITTLE RD 83 84 City NEW PORT RICHEY FL 85 Zip Code 34654	

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]* DATE **8/20/99**

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS	DPST TODD, THOMAS E 7617 LITTLE ROAD NEW PORT RICHEY FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ET ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE: **8/20/99** TELEPHONE: **(727) 841-6787**

CR2E034 (5/99)