Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90214 028 ***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 # P94000043702

1. Corporation Name

R. WAYNE SUMLIN, CPA, P.A.

Principal Place	e of Business	Mailing Address					
3000 LANGLEY		4309 WHITELEAF COURT			,		
		PENSACOLA FL 32504			DO NOT WRITE	E IN THIS SPACE	
US				3. Date Incorporated or Qualifed			
		·			06/01/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	<u></u>	26			<u>59-3254723</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional
22		27			The definition of the second	Fee	Required
City & Stat	8	City & State			6. Election Campaign Financing	1 1	00 May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the curre		_
24		<u> </u>	ю		Personal Property Tax.	ZA Yes	□No
	9. Name and Address of Current	t Registered Agent		,	10. Name and Address of New Re	gistered Agent	
5 121	AVAIC OUR BURN		81	Name		•	
R WAYNE SUMLIN			82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)	
	LANGLEY AVE #200		(Silver Aug		(
PENS	SACOLA FL 32504		83			<u> </u>	
			84	City		85 Z	ip Code
						FL	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was aut	horized by	the corporatio	oration submits this statement for the p n's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agen	A and title if employable (NOTE: P	Panistared Ane	nt signature required	(when reinstation)	DATE	\
12.	OFFICERS AN		13.	it signature required	ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	D	DELETE DELETE	1.1 TITLE			☐ Chang	ge Addition
	SUMLIN, R W		1.2 NAME			·	
NAME	4309 WHITELEAF COURT						
STREET ADDRESS			1	T 4 D D D T D D			
CITY-ST-ZIP			1.3 STREE	TADDRESS			
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP