

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90212 044 ***150.00

DOCUMENT # P94000046926

1. Corporation Name

THOMAS A. DELNAY, P.A.

Principal Place of Business

5929 YOUNGQUIST RD
#6
FT MYERS FL 33912
US

Mailing Address

5929 YOUNGQUIST RD
#6
FT MYERS FL 33912
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

65-0498061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

DEL NAY, THOMAS A SR
5929 YOUNGQUIST RD #6
SUITE 224
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

DEL NAY, THOMAS A. SR.

82 Street Address (P.O. Box Number is Not Acceptable)

6524 KESTREL CIR.

83

84 City

FT. MYERS

FL

85 Zip Code

33912

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

Signature, typed or printed name of registered agent and title if applicable.

Thomas A. DelNay

THOMAS A. DELNAY

1-15-99

NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P
NAME DEL NAY, THOMAS A SR
STREET ADDRESS 5929 YOUNGQUIST RD #6
CITY-ST-ZIP FT MYERS FL 33912

☐ DELETE

TITLE ST
NAME DEL NAY, THOMAS A JR
STREET ADDRESS 5929 YOUNGQUIST RD #6
CITY-ST-ZIP FT MYERS FL 33912

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

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 an address, with all other like empowered.

SIGNATURE: Thomas A. DelNay THOMAS A. DELNAY 1-15-99 (941) 4545100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)