

09221999-90005-035-\$550.00-\$550.00

999.

AMOUNT DUE ON OR BEFORE 06/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$/99).

APPROVED
AND
FILED

99 DEC -9 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS FILING DOES NOT QUALIFY FOR THE EXEMPTION STATED IN SECTION 119.07(3)(f), 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 EMPLOYED 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.

9-22-99 90005 035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1994	
4. FEI Number 50-3252803	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	
7. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000049292 1. Corporation Name HAAS & GOLDING, P.A.			
Principal Place of Business 1901 N. 13TH ST. SUITE 300 TAMPA FL 33601 US		Mailing Address P.O. BOX 1700 TAMPA FL 33601 US	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 50-3252803	Applied For ☐ Not Applicable
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9. Name and Address of Current Registered Agent HOLCOMB, VICTOR W. 315 SOUTH HYDE PARK AVE. TAMPA FL 33606	10. Name and Address of New Registered Agent 81 Name JOSEPH RUGG, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 210 N. Franklin Street, Suite 2100 83 One Tampa City Center 84 City Tampa FL 85 Zip Code 33602
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11. Pursuant to the provisions of sections 607.0502 and 607.1501, 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 607.0501, Florida Statutes.	9-15-99
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SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, RAYMOND A 1901 N. 13TH ST. TAMPA FL 33601 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	GOLDING, JOHN T 1901 N. 13th Street Tampa, FL 33605 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMEY, MARK 1901 N. 13TH ST. TAMPA FL 33601 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 employed 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: _____ 9-15-99 813-253-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (5/99)