

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90021 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000051466

1. Corporation Name

CHARLES P. FLEMING, D.C., P.A.

Principal Place of Business

1831 N. BELCHER RD., SUITE C-1
CLEARWATER FL 34625

Mailing Address

1831 N. BELCHER RD., SUITE C-1
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4409 W. Freeport Circle		2a 4409 W. Freeport Circle		07/05/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3259065	
22 City & State		27 City & State		5. Certificate of Status Desired	
23 Broken Arrow, OK		28 Broken Arrow, OK		☐ \$8.75 Additional Fee Required	
24 Zip 74012		29 Zip 74012		6. Election Campaign Financing	
Country U.S.A.		Country U.S.A.		☐ \$5.00 May Be Added to Fees	
25 U.S.A.		30 U.S.A.		7. This corporation owes the current year Intangible	
				Personal Property Tax. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FLEMING, CHARLES P. 1831 N. BELCHER RD., SUITE C-1 CLEARWATER FL 34625				81 Name Frank Crossland, Esq.	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				29605 U.S. 19 N., #330	
				83 City	
				Clearwater	
				84 State	
				FL	
				85 Zip Code	
				33761	
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) DATE 5/29/99					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

918 459 931

Daytime Phone #

CR2E034 (11/98)