

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90116 011 ***150.00

DOCUMENT # P94000053071

1. Corporation Name

HARRELL, OSTOW, HIGGINS & KEANE, P.A.



Principal Place of Business

~~100 SECOND AVE S~~
~~12TH FLOOR~~
ST PETERSBURG FL 33701

Mailing Address

~~100 SECOND AVE S~~
~~12TH FLOOR~~
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 200 Central Suite 2300

Suite, Apt. #, etc.

22 City & State

23 St Petersburg FL

24 Zip 33701 25 Country

2a. Mailing Address

26 P.O. Box 2861

Suite, Apt. #, etc.

27 City & State

28 St Petersburg, FL

29 Zip 33731 30 Country

3. Date Incorporated or Qualified

07/11/1994

4. FEI Number

59-3254954

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DUPRE, STEVEN C.
200 CENTRAL AVE, STE 2300
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name DUPRE, STEVEN C.

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

83 SAME

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HARRELL, ROY G. JR
STREET ADDRESS 200 CENTRAL AVE, STE 2300
CITY-ST-ZIP ST PETERSBURG FL

TITLE VD ☐ DELETE

NAME OSTOW, MICHAEL S.
STREET ADDRESS 3637 4TH ST N, STE 200
CITY-ST-ZIP ST. PETESBURG FL

TITLE PD ☐ DELETE

NAME DUPRE, STEVEN C
STREET ADDRESS 200 CENTRAL AVE, STE 2300
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE

NAME KEANE, MICHAEL J
STREET ADDRESS 100 2ND AVE N SUITE 1201
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)