

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0151605

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90055 012 ***150.00

DOCUMENT # **P94000065082**

1. Corporation Name
TEGAN SLATON, P.A.



Principal Place of Business
**515 WHITEHEAD STREET
KEY WEST FL 33040**

Mailing Address
**515 WHITEHEAD STREET
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

65-0521330

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

2. Principal Place of Business

21 **513 WHITEHEAD STREET**

Suite, Apt. #, etc.

22

City & State

23 **KEY WEST FLORIDA**

Zip

24 **33040**

Country

25 **USA**

2a. Mailing Address

26 **513 WHITEHEAD STREET**

Suite, Apt. #, etc.

27

City & State

28 **KEY WEST FLORIDA**

Zip

29 **33040**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SLATON, TEGAN
515 WHITEHEAD STREET
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name **SLATON, TEGAN**

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

513 WHITEHEAD STREET

83

84 City **Key West**

FL

85 Zip Code
33040

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 **TEGAN SLATON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SLATON, TEGAN**
STREET ADDRESS **515 WHITEHEAD STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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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 **D** ☒ Change ☐ Addition
1.2 NAME **SLATON, TEGAN**
1.3 STREET ADDRESS **515 WHITEHEAD STREET**
1.4 CITY-ST-ZIP **Key West, FL 33040**

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: **TEGAN SLATON** **1/31/99** **(305) 295-8990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)