

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

FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000070825 (2)

1. Corporation Name

KRISTINE MARQUEZ GRANT, P.A.



Principal Place of Business

Mailing Address

696 1ST AVE NO  
STE 303  
ST. PETERSBURG FL 33703  
US

696 1ST AVE NO  
STE 303  
ST. PETERSBURG FL 33703  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1128 42nd Ave NE

Suite, Apt. #, etc.

City & State

23 St. Petersburg FL

Zip

24 33703

Country

25 US

2a. Mailing Address

26 1128 42nd Ave N.E.

Suite, Apt. #, etc.

City & State

28 St. Petersburg FL

Zip

29 33703

Country

30 US

3. Date Incorporated or Qualified

09/27/1994

4. FEI Number

50-3283142

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GRANT, KRISTINE M  
4554 CENTRAL AVENUE, SUITE G  
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name

Kristine Marquez Grant

82

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

1128 42nd Ave NE

83

84

St. Petersburg

FL

85

Zip Code  
33703

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

☐ DELETE

TITLE PD  
NAME GRANT, KRISTINE M  
STREET ADDRESS 4554 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1128 42nd Ave NE  
1.4 CITY-ST-ZIP St. Petersburg FL 33703

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
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.

SIGNATURE

Kristine Marquez Grant

CR2E034 (10/97)