03-10-1999 90151 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400092594

BARBAR	A B. MCLELLAN, P.A.						
Principal Place of Business Mailing Address						TO TOTAL DESIGNATION & THE P	4() 6(6) (86)
455 HOLLY HILL RD. 455 HOLLY HILL RD. OLDSMAR FL 34677 OLDSMAR FL 34677							
0250					DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualifed 01/01/1995	-	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
26			<u> </u>		59-3287220 -	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	II.
27					5. Controduc of Catalog Desired	Fee Rec	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23	28				Trust Fund Contribution	Added to	Fees
Zip 24	Country 25	Zip 3	Country		This corporation owes the current year I Personal Property Tax.		□No
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registere	d Agent	
			81	Name			
MCLELLAN, BARBARA 455 HOLLYHILL RD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
			1	Ou cot / tou	000 (1 10 1 00 x 110) 120 1 10 1 10 1 10 1 10 1 10 1 10		
OLDSMAR FL 34677			83				
			84	City		85 Zip C	nde
				1	F		
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autations of, Section 607.0505, Florid	horized by da Statutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	ilstered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MCLELLAN, BARBARA B		1.2 NAME				}
STREET ADDRESS	455 HOLLY HILL RD.		1.3 STREET	TADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34677		1.4 CfTY+S	T-ZIP			
TITLE		DELETE 2.1				Change	☐ Addition
NAME	22N		2.2 NAME				ì
STREET ADDRESS		235		TADORESS	The second second		
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	T ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				Ī
STREET ADDRESS			4.3 STREE	T ADDRESS			Į
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	1-31-2IF		5.4 CITY-S	T-ZIP			
TITLE	DELETE 6.1 TI		6.1 TITLE	ŀ	•	Change	☐ Addition

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS