

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  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90014 005 \*\*\*150.00

DOCUMENT # P95000001933

1. Corporation Name

EDGAR LEE ELZIE, JR., ATTORNEY AT LAW, P.A.



Principal Place of Business

3295 CRAWFORDVILLE HWY.  
STE. #12  
CRAWFORDVILLE FL 32327  
US

Mailing Address

P.O. BOX 519  
CRAWFORDVILLE FL 32327  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1995

4. FEI Number

59-3295458

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

21 523 E. 8th Ave

Suite, Apt. #, etc.

22 Tallahassee

City & State

23 Fla

Zip

24 32303

Country

25

2a. Mailing Address

26 523 E. 8th Ave

Suite, Apt. #, etc.

27 Tallahassee

City & State

28 Fla

Zip

29 32303

Country

30

9. Name and Address of Current Registered Agent

EDGAR LEE ELZIE JR.  
3295 CRAWFORDVILLE HWY.  
STE. #12  
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name Edgar Lee Elzie, Jr.

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

523 E. 8th Ave

83 Tallahassee, Fla 32303

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

Jan. 19, 1999

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ELZIE, EDGAR L JR.  
STREET ADDRESS 3295 CRAWFORDVILLE HWY.  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 D Elzie, Edgar L. Jr.

1.3 STREET ADDRESS 523 E. 8th Ave

1.4 CITY-ST-ZIP Tallahassee, FL 32303

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:

Edgar Lee Elzie, Jr.

Jan. 19, 1999 850-881-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)