## 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

DOCUMENT # P95000021968

LEE POPWELL, D.C., P.A.

Principal Place of Business 130 4TH AVENUE. SOUTH

Mailing Address

130 4TH AVENUE. SOUTH JACKSONVILLE BEACH FL 32250

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90121 010 \*\*\*150.00



JACKSONVILLE	BEACH FL 32250	JACKSONVILLE BEACH FL 32250				DO NOT WRITE IN THIS SP	ACE		
						Date Incorporated or Qualifed     03/17/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				59-3304403	No	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	Additional	
	m, 000.	27				5. Certifcate of Status Desired	Fee Re		
22 City & State		City & State				6. Election Cempaign Financing	\$5.00	Nov Bo	
<del></del> , '		<del> </del>				6. Election Cempaign Financing St.00 May Be Added to Fees			
23	Country	28 Zin	Zip Country			8. This corporation owes the current year Intangible			
Zip		<del> </del>					Yes	□No	
24	25   29   30   9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registerou Ago	CIN		
COATES, IONA				or Name					
	SYRINGA LANE		82 Street Add		Street Ac	ddress (P.O. Box Number is Not Acceptable)			
JAUN	(SONVILLE FL 32211			83					
				84	City	FL	85 Zip (	Code	
44 5	to the annulations of Continue 207 0500	and 607 1509. Elorida Statu	tos the ai		-named co			registered	
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		<del>-</del>	Agen	signature requ	uired when reinstating) DATE			
12.		FICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	D	☐ DELETE	1.1 TI	LE		· L	] Change	☐ Addition	
NAME	POPWELL, LEE D.C.		1.2 NAME						
STREET ADDRESS	130 4TH AVENUE, SOUTH			REET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			1.4 CITY-ST-ZIP					
TITLE				ΠE			] Change	☐ Addition	
NAME	POPWELL, ELIZABETH E 2.		2.2 NA	2.2 NAME				J	
STREET ADDRESS			23.57	REET	ADORESS			-	
1			1	2. 4 CITY-ST-ZIP				1	
CITY-ST-ZIP TITLE			3.1 TI		1-21		Change	Addition	
								_	
NAME			3.2 NA					i	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. C		r-ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 TI			L	] Change		
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS			}	
CITY-ST-ZIP			4.4 CI	TY-\$1	-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE			] Change	☐ Addition	
NAME			5.2 N/	WE		•			
STREET ADDRESS			5.3 \$7	REET	ADDRESS				
CITY-ST-ZIP			5.4 Cf	TY-ST	-ZIP				
TITLE		DELETE	6.1 TI	TLE		Ī	Change	Addition	
		<b>—</b>	6.2 NA	ME		_	-	-	
NAME					ADDRESS				
STREET ADDRESS			0.5 5		7:0				

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.

CR2E034 (11/98)

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