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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90018 026 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000026056 1. Corporation Name

PC PROFESSOR OF FLORIDA, INC.

Principal Place	of Business	Mailing Address				1916 1919 6111 9212 51119 6111 1921
1242 TIMBERLANE RD. 1242 TIMBERLANE RD.						•
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312		TALLAHASSEE FL 32312			DO NOT WRITE IN	THIS SPACE
}					3. Date Incorporated or Qualifed	
					04/03/1995	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	455 G. 245m.eec	26			59-3305199	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			3. Certificate of Otalida Desired 7.	Fee Required
City & State	9	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	ar Intangible ☐ Yes ☐ No
24	25	29 3	0}	••	Personal Property Tax.  10. Name and Address of New Register	_ ;::: _ ;:::
ļ	9. Name and Address of Curr	ent Registered Agent	81	Name	to. Italia and Addiese of from Region	
FERI	NBACH, SCOTT M					· <u>-</u>
1242 TIMBERLINE ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	AHASSEE FL 32312		83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above	e-named con	poration submits this statement for the purpo	se of changing its registered
office or s	enistered agent, or both, in the Sta	te of Florida. Such change was autl gations of, Section 607.0505, Florid	norized by	the corporati	ion's board of directors. I hereby accept the a	ppointment as registered
	The latinus with and doopt the con-	<b>ga</b>				,
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R		nt signature require	ed when reinstating) DA	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition
TITLE	P	☐ DELETE	1.1 TITLE			☐ Cliarige ☐ Addition
NAME	FERNBACH, SCOTT		1.2 NAME		•	
STREET ADDRESS	1242 TIMBERLANE ROAD		1.3 STREET		•	•
CITY-ST-ZIP	TALLAHASSEE FL 32312	Closusts.	1.4 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE		☐ OELETE	2.1 TITLE			
NAME			2.2 NAME		•	
STREET ADDRESS				ADDRESS		,
CITY-ST-ZIP		☐ DELETE	2.4 CITY-S 3.1 TITLE	ST-ZIP		☐ Change ☐ Addition
TITLE		□ beceie	3.2 NAME			<u></u>
NAME			-	* ********		
STREET ADDRESS			ì	TADDRESS		
CITY-ST-ZIP		□ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP		☐ Change ☐ Addition
TITLE			4.7 MAME			
NAME				TADODESS		•
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	<u> </u>	☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME		•	
NAME				T ADDRESS		
STREET ADDRESS			5.4 CITY-S			•
CITY-ST-ZIP				. 4.1		
TITLE		☐ DELETE	6.1 TITLE	I	•	☐ Change ☐ Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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 trusted 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 adaptiment with an address, with all other like empowered.