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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027224

SMALLWOOD, REYNOLDS, STEWART, STEWART & ASSOCIAT ES OF FLORIDA, INC.

Principal Place	of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
I 100 SOUTH ASI	HLEY DR.	FIVE CONCOURSE PARKWAY							
SUITE 350		SUITE 2150			50,110	DO NOT WOLL IN THIS SPACE			
TAMPA FL 33602		ATLANTA GA 30328		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
}		US			,	airred			
					04/03/1995		 -		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	oplied For	
21		26			<u>59-3304759</u>			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desi	red -	*	Additional equired	
22		27						·	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23		28			Trust Fund Contribution			to rees	
Zip	Country	Zip	Country □	/	8. This corporation owes th	e current year int	tangible XXIYes	□No	
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of	Name Danistana			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of	New Registered	Agent		
DENI	UNIC RUCHAFI E		*1	Ivame					
BENNING, MICHAEL F 100 SOUTH ASHLEY DR.		82 Street		Address (P.O. Box Number is Not A	cceptable)		_		
			<u> </u>	<u> </u>		·			
1	E 350		83	1				(
IAMI	PA FL 33602		84	City			85 Zip	Code	
}						FL	- '.		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this statement f	or the purpose of	changing its	s registered	
office or re	egistered agent, or both, in the State of	of Florida, Such change was auth	norized by	the con	oration's board of directors. I hereby	accept the appo	Illinient as it	sgistered [
i agent la	m familiar with, and accent the obligati	ions of, Section 607,0505, Florid	a Statute:	5.					
	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes	5.					
SIGNATURE	m familiar with, and accept the obligation			5.	required when reinstating)	DATE			
SIGNATURE		and title if applicable. (NOTE: Re		5.	required when reinstating} ADDITIONS/CHANGES T			ORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	agistered Age	5.			ND DIRECTO		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	ngistered Age	5.	ADDITIONS/CHANGES 1 C/D Phillip L. Smallwood	O OFFICERS A		ORS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD SMALLWOOD, PHILLIP L	Land Me if applicable. (NOTE: ReDDIRECTORS)	13. 1.1 TITLE 1.2 NAME	5.	ADDITIONS/CHANGES 1 C/D Phillip L. Smallwood One Piedmont Center, S	O OFFICERS A		ORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD SMALLWOOD, PHILLIP L 2525 PEACHTREE ROAD, UNIT	Land Me if applicable. (NOTE: ReDDIRECTORS)	13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. int signature	ADDITIONS/CHANGES 1 C/D Phillip L. Smallwood One Piedmont Center, S 3565 Piedmont Road	O OFFICERS AF		ORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD SMALLWOOD, PHILLIP L 2525 PEACHTREE ROAD, UNIT ATLANTA GA 30305	Land Me if applicable. (NOTE: ReDDIRECTORS)	13. 1.1 TITLE 1.2 NAME	s. int signature	ADDITIONS/CHANGES 1 C/D Phillip L. Smallwood One Piedmont Center, S 3565 Piedmont Road Atlanta, Georgia 3030	O OFFICERS AF		ORS IN 12	
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

☐ Addition