Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90049 002 ***150.00

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 # P95000030776

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

DIFILIPPO & CLARK, P.A.

Principal Place	of Business	Mailing Address				I (BOLIONI IIA IDIDI OLIII ORIII A	Alts BAIS) Ansan I	/III:	
4239 SUNBEAM RD		4239 SUNBEAM RD			1				
6		6				DO NOT MID	TE 151 THE 6	20405	
JACKSONVILLE FL 32257		JACKSONVILLE FL 32257			-	DO NOT WRITE IN THIS SPACE			
US		US			Į	3. Date Incorporated or Qualifet			(
		1.5 11-10 1-11				04/12/1995 4. FEI Number			plied For
	ace of Business	2a, Mailing Address				==:		_ 	t Applicable
21		Suite, Apt. #, etc.				<u>59-3313084</u>		\$8.75 A	
Suite, Apt. :	#, etc.				-	Certificate of Status Desired		Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
	3	28			İ	Trust Fund Contribution		Added to	
23 Zip	Country	Zip	Country			8. This corporation owes the cur	rent year Inta		
<u> </u>	25	<u> </u>	30		1	Personal Property Tax.			□No
24	9. Name and Address of Current		,,,,			10. Name and Address of New	Registered A	gent	
	3. Hallo alla Austros Si Galloni		81	Name					
PEEK	K, DAVID H								
1301 RIVERPLACE BLVD.			82	Street	Addres	s (P.O. Box Number is Not Accep	table)		
SUITE 1609			83						
	SONVILLE FL 32207								
1			84	City			FL	85 Zip C	ode
	to the provisions of Sections 607,0502	and 607 1509. Elegida Statutos	the above	n-named	comor	ation submits this statement for the	numose of o	hanging its	registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was aut	lhorized by	the corpo	oration'	s board of directors. I hereby acco	ept the appoin	tment as rec	jistered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Floric	da Statutes	•					
SIGNATURE		AIOTE E	Name of Same	d alamakiro F	Poor signed out	hen remstating)	DATE		 }
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature i	edunou #	ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		ĭ			Change	☐ Addition
NAME	DIFILIPPO, ANTHONY J JR	_	1.2 NAME				•	.,	
STREET ADDRESS	ONE SAN JOSE PL SUITE 5			TADDRESS	1110	39 Snubeam Rd acksonville, FL	. Suite	6	
!	JACKSONVILLE FL 32257		1.4 CITY-S		70	act carrielle El	300	6フ	1
CITY-ST-ZIP TITLE	V	□ DELETE	2.1 TITLE	1-21	V	N SUNVINC / L	<u> </u>	Change	☐ Addition
	•		2.2 NAME	į	V	b			{
NAME	CLARK, DWAYNE L 4239 SUNBEAM RD SUITE 6			T ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP	JAKCSONVILLE FL 32257	☐ DELETE	2, 4 CITY- S 3,1 TITLE	31-ZIP				☐ Change	Addition
TMLE					}			_ ,	_
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE						
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	1-ZIP				Change	Addition
TITLE		☐ DEFEIE	4,1 111EE					Ci ourna	
NAME					1				Ì
STREET ADDRESS				TADDRESS	ĺ				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP	-		 	Change	Addition
TITLE		☐ DEFE IE	5.1 TITLE 5.2 NAME						
NAME				TADOPESS					
STREET ADDRESS				TADORESS					
CITY-ST-ZIP		□ per ette	54 CITY-S 6.1 TITLE	1-211	-			Change	Addition
TITLE		☐ DELETE						C. Criange	M Vocation
NAME			6.2 NAME]
STREET ADDRESS			■ 6.3 STREE*	TADDRESS	1				i

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.

64 CITY-ST-ZIP

SIGNATURE 1/