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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045394

1. Corporation Name

INLODO	re W. Soule, P.A.				
Principal Place	e of Business	Mailing Address			
316 S BAYLEN		316 S BAYLEN ST			,
SUITE 560 SUITE 560				DO NOT WOITE IN THE	10.00t.05
PENSACOLA FL 32501 PENSACOLA FL 32501				DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualifed	
				06/06/1995	Analied For
2. Principal PI	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21		26		59-3322209	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City 9 State		27 City & State		S. Flaction Compaign Financing	\$5.00 May Be
City.&.State	9	[28]		6Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	·	30	Personal Property Tax.	☐ Yes ☐ No
24	9. Name and Address of Curre			10. Name and Address of New Registere	ed Agent
			81 Name		
SOULE, THEODORE W 316 S BAYLEN ST SUITE 560			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			32 Street Add	ress (F.O. Box Humber is Not Acceptable)	
			83		
PENS	SACOLA FL 32501		94 0%		85 Zip Code
ı			84 City	F	L S Zip Code
11. Pursuant office or reagent. I as	egistered agent, or both, in the Stat m familiar with and accept the oblic	e of Florida. Such change was au lations of, Section 607.0505, Flori	s, the above-named corp thorized by the corporati da Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as registered
_	Signature, typed or printed name of registered as		Registered Agent signature require		
12.	OFFICERS A	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	
12.	OFFICERS A	ent and title if applicable. (NOTE: I	13. 1.1 TITLE		AND DIRECTORS IN 12
	OFFICERS A D SOULE, THEODORE W	ent and title if applicable. (NOTE: I ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		
TITLE	OFFICERS A D SOULE, THEODORE W 6501 EL PRESIDEO	ent and title if applicable. (NOTE: I ND DIRECTORS	13. 1.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SOULE, THEODORE W	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADORESS	OFFICERS A D SOULE, THEODORE W 6501 EL PRESIDEO	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SOULE, THEODORE W 6501 EL PRESIDEO	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D SOULE, THEODORE W 6501 EL PRESIDEO	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
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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 any address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Soule 5/03/99