

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

FILED  
Apr 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000057206 (1)

1. Corporation Name

MCCAIG AND DUET, P.A.

Principal Place of Business

Mailing Address

3910 NORTHDAL E BOULEVARD, SUITE 100  
TAMPA FL 33624

3910 NORTHDAL E BOULEVARD, SUITE 100  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1995

4. FEI Number

59-3330711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1211 West Fletcher Ave

Suite, Apt. #, etc

22

City & State

Tampa FL

Zip

33612

Country

Hillsborough

2a. Mailing Address

26 1211 West Fletcher Ave

Suite, Apt. #, etc

27

City & State

Tampa FL

Zip

33612

Country

Hillsborough

9. Name and Address of Current Registered Agent

MCCAIG, WILLIAM T  
3910 NORTHDAL E BOULEVARD, SUITE 100  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

1211 West Fletcher Ave

83

84 City

Tampa

FL

85 Zip Code

33612

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
MCCAIG, WILLIAM T  
STREET ADDRESS 3910 NORTHDAL E BOULEVARD, SUITE 100  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME D  
DUET, MARY LYNNE  
STREET ADDRESS 3910 NORTHDAL E BOULEVARD, SUITE 100  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1211 West Fletcher Avenue

1.4 CITY-ST-ZIP

Tampa FL 33612

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

1211 West Fletcher Avenue

2.4 CITY-ST-ZIP

Tampa FL 33612

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE

Mary Lynne Duet

MARY LYNNE DUET

4-4-98

813

264-4488

CR2E034 (10/97)