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PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90021 027 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000057892 1. Corporation Name

JEFF R. FRENCH & ASSOCIATES, P.A.

Principal Place of Business Mailing Address				•		-	HIN KANAN ANN KANAN KA	IAR ARYAN IARA IARA					
333 S TAMIAMI TR 333 S TAMIAMI TR													
SUITE 257 SUITE 257													
VENICE FL 34285 . VENICE FL 34285						DO NOT WRITE IN THIS SPACE							
Sec.					3. Date Incorporated or Qualifed								
					07/26/1995								
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	l A	Applied For					
21	A Property of the Contract of	26				65-0598921	I I	Not Applicable					
Suite, Apt. #, etc.							. \$8.75	Additional					
22 27						5. Certifcate of Status Desired		Required					
City & State City & State						6. Election Campaign Financing	\$5.00	May Be					
23 28						Trust Fund Contribution		to Fees					
Zip	Zip Country Zip			Country		8. This corporation owes the current year Intangible							
24 25 29			30	30		Personal Property Tax.	☐Yes	□No					
9. Name and Address of Current Registered Agent				Ĺ.,		10. Name and Address of New Regi	stered Agent						
				81	Name								
FRENCH, JEFF R				82	Street Addres	ss (P.O. Box Number is Not Acceptable)							
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	TE 257			83				(2 ti '.e 181 1961 12 12 12 13 14 14					
VEN	IICE FL 34285			84	City			48 G. 18 HAL 18 H					
				**	City		FL 85 Zip	Code ''					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													
office or i	registered agent, or both, in the State of	Florida: Such change was	authorized	d by t	31. 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 spent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
	and decopt and obligation												
	***			u.,	•								
	Signature, typed or printed name of registered agent a	•				when reinstating)	DATE						
	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOT			t signature required v	when reinstating)		ORS IN 12					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	l Agent									
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOT	E: Registered	I Agent			RS AND DIRECT						
SIGNATURE  12. : TITLE NAME	Signature, typed or printed name of registered agent as OFFICERS AND P: FRENCH, JEFF R	nd title if applicable. (NOT DIRECTORS	13. 1.1 TF	I Agent TLE AME	t signature required v		RS AND DIRECT						
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent at OFFICERS AND P : FRENCH, JEFF R 333 S. TAMIAMI TRAIL, SUITE 25	nd title if applicable. (NOT DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST	I Agent TLE AME	t signature required v		RS AND DIRECT						
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

C!TY-ST-ZIP