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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000064813**

1. Corporation Name

RANDY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1307 NORMANDY CIRCLE	1307 NORMANDY CIRCLE

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90090 018 ***158.75



PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 08/21/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3330277 Not Applicable 1307 1307 WOLMAN \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be. -6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 <u> 4 00 4 </u> Country 8. This corporation owes the current year Intangible Country No دى Personal Property Tax. USB 30 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORBIN, WILLIAM R 82 10590 66TH AVENUE N. SEMINOLE FL 34642 83 City Alm 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. erigent omner DELETE 11 TITLE TITLE CORBIN, WILLIAM R 1.2 NAME NAME 11800 PARK BLVD NO 303 1.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 34642 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 T/D F ☐ Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City-St-ZiP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

William R. arbin

CR2E034 (11/98)