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

Mailing Address 220 N MAIN ST

GAINESVILLE FL 32609

2a. Mailing Address

SUITE A

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000076176

220 N MAIN ST

GAINESVILLE FL 32609

SUITE A

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

PETER A. ROBERTSON & ASSOCIATES, P.A.

5216	~ M O1 DDIME	26	E216 C W 01 T	SD TARE			59-333928	31		No	t Applicable
Suite, Apt.	S W 91 DRIVE #, etc.		5216 S W 91 T Suite, Apt. #, etc.	<del>/K 1-√ E</del>			5. Certifcate of		. 🗆	\$8.75	1
22	<u></u>	27					5. Certificate of	Siaius Desired	<u> </u>	Fee Re	equired
City & State	)		City & State				6. Election Carr	npaign Financi	ng □	\$5.00	
GAINE:	SVILLE FL	28	GAINESVILLE		FL		Trust Fund C	ontribution		Added	to Fees
Zip	Country		Zip	Country	У		8. This corporat	tion owes the	current year In		<b></b>
32608	25 US	29	32608 30	US			Personal Pro	<del></del>			X No
	9. Name and Address of Current F	stered Agent		10. Name and Address of New Registered Agent							
PODEDTOOM DETED A					81 Name ROBERTSON, PETER A						i
ROBERTSON, PETER A					82 Street Address (P.O. Box Number is Not Acceptable)						
220 N MAIN ST					5216 S W 91 DRIVE						
SUITE A											
GAINESVILLE FL 32609					l Ci	tv	w			85 Zip	Code
						GA.	INESVILLE		FL	<b>-</b>   326	8
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 as	nd title	if applicable. (NOTE: Re	gistered Age	ent signa	ature requ	ared when reinstating)		DATE		
12.	OFFICERS AND	DIRE	CTORS	13.			ADDITIONS/C	HANGES TO			
TITLE	D		☐ DELETE	1.1 TITLE		1	D			Change	☐ Addition
NAME	ROBERTSON, PETER A			1.2 NAME		7 7	ROBERTSON, F	PETER A			
STREET ADDRESS	220 N MAIN ST., SUITE A			1.3 STREE	ET ADD	5500	5216 S W 91				í
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-5	ST-ZIP		GAINESVILLE		32608		.,.
TITLE			☐ DELETE	2.1 TITLE		`	011140041000	נו	32000	☐ Change	Addition
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE	ET ADDI	RESS					
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP						
TITLE			☐ DELETE	3.1 TITLE						Change	Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	ET ADD	RESS					
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	ET ADOI	RESS			ь.		
CITY-ST-ZIP				4.4 CITY-	ST-ZIP						
TITLE			☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	ET ADD	RESS					
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP						
TITLE			☐ DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME				6.2 NAME							1
STREET ADDRESS				63 STREE	ET ADDI	RESS					
CITY-ST-ZIP				6.4 CITY-	ST-ZIP						
14 I hereby o	ertify that the information supplied with	this f	filing does not qualify for th	e exemp	tion s	tated in	n Section 119.07(3)(i),	Florida Statut	es. I further ce	rtify 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 empewered 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 op an attachment with an address, with all other like empowered.											

**FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90067 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

352/373-9031

Applied For

Not Applicable

3. Date Incorporated or Qualifed

10/05/1995

59-3339281

4. FEI Number