

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90027 021 ***150.00

DOCUMENT # P95000095341

1. Corporation Name

BRUCE A. MINNICK, PROFESSIONAL ASSOCIATION



Principal Place of Business

2810 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308
US

Mailing Address

P O BOX 15588
TALLAHASSEE FL 32317-5588
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1995

4. FEI Number

59-3347029

Applied For

Not Applicable

2. Principal Place of Business

212874 Remington Green Circle

2a. Mailing Address

27 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

Suite, Apt. #, etc.

27 Suite A

City & State

23 Tallahassee FL

City & State

28 Tallahassee FL

Zip

24 32308-1504 25 U.S.A.

Zip

29 32308-1504 30 U.S.A.

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VINES, J M
2810 REMINGTON GREEN CIR
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

Bruce A. Minnick

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

2874 Remington Green Circle

83

Suite A

84 City

Tallahassee

FL

85 Zip Code

32308

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 Bruce A. Minnick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D MINNICK, BRUCE A

NAME STREET ADDRESS

2810 REMINGTON GREEN CIRCLE

CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2874 Remington Green Cir, Ste A

Tallahassee FL 32308-1504

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: Bruce A. Minnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850) 386-9444

Daytime Phone #

CR2E034 (11/98)