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
Mar 23, 1999 8:00 am
Secretary of State
03-23-1999 90044 002 ***150.00

DOCUMENT # P95000097890

1. Corporation Name
GLENN RASMUSSEN & FOGARTY, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
100 SOUTH ASHLEY DRIVE SUITE 1300 TAMPA FL 33602	100 SOUTH ASHLEY DRIVE SUITE 1300 TAMPA FL 33602

3. Date Incorporated or Qualifed: 12/28/1995

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number: 59-3349668 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

RASMUSSEN, ROBERT C
100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE	D/C/P	☒ Change ☐ Addition
NAME	GLENN, ROBERT B		1.2 NAME		
STREET ADDRESS	100 SOUTH ASHLEY DRIVE, SUITE 1300		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VPAS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FELMAN, DAVID S		2.2 NAME		
STREET ADDRESS	100 SOUTH ASHLEY DRIVE, SUITE 1300		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	DPC	☐ DELETE	3.1 TITLE	D/VP/AS	☒ Change ☐ Addition
NAME	RASMUSSEN, ROBERT C		3.2 NAME		
STREET ADDRESS	100 SOUTH ASHLEY DRIVE, SUITE 1300		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	HOOKER, MICHAEL S		4.2 NAME		
STREET ADDRESS	100 SOUTH ASHLEY DRIVE, SUITE 1300		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	5.1 TITLE	D/VP/S	☒ Change ☐ Addition
NAME	DANCO, SHARON D		5.2 NAME		
STREET ADDRESS	100 SOUTH ASHLEY DRIVE, SUITE 1300		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D/VP/AS	☐ Change ☒ Addition
NAME			6.2 NAME	HART, DONALD S.	
STREET ADDRESS			6.3 STREET ADDRESS	100 SOUTH ASHLEY DRIVE, SUITE 1300	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAMPA, FL 33602	

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: Robert C. Rasmussen REQUIRED — 2/24/99 — (813) 229-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

254275-90044-2
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GLENN RASMUSSEN & FOGARTY, P.A.

1999 CORPORATION ANNUAL REPORT

SUPPLEMENTAL INFORMATION – Block 13 -- ADDITIONS

TITLE	**D/VP**
NAME	**ANDREU, TIMOTHY A.**
STREET ADDRESS	**100 SOUTH ASHLEY DRIVE, SUITE 1300**
CITY-ST-ZIP	**TAMPA, FL 33602**

TITLE	**D/VP**
NAME	**COLGAN, MICHAEL B.**
STREET ADDRESS	**100 SOUTH ASHLEY DRIVE, SUITE 1300**
CITY-ST-ZIP	**TAMPA, FL 33602**

TITLE	**D/VP**
NAME	**RICE, EDWIN G.**
STREET ADDRESS	**100 SOUTH ASHLEY DRIVE, SUITE 1300**
CITY-ST-ZIP	**TAMPA, FL 33602**

TITLE	**D/VP**
NAME	**SPOFFORD, GEORGE E.**
STREET ADDRESS	**100 SOUTH ASHLEY DRIVE, SUITE 1300**
CITY-ST-ZIP	**TAMPA, FL 33602**

TITLE	**VP**
NAME	**MCDONNELL, CHRISTOPHER E.**
STREET ADDRESS	**100 SOUTH ASHLEY DRIVE, SUITE 1300**
CITY-ST-ZIP	**TAMPA, FL 33602**