

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90094 017 ***158.75

DOCUMENT # P96000003224

1. Corporation Name

PROFESSIONAL BUSINESS PARTNERS INC.

Principal Place of Business

661 BLANDING BLVD
STE 368
ORANGE PARK FL 32073
US

Mailing Address

DAVID A KING ATTORNEY
1410 KINGSLEY AVE
ORANGE PARK FL 32073
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1996

4. FEI Number

59-3358005

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1857 Wells Road

Suite, Apt. #, etc.

22 Suite 202

City & State

23 ORANGE PARK, FL

Zip

24 32073

Country

25 CLAY, USA

2a. Mailing Address

26 661 Blanding Boulevard

Suite, Apt. #, etc.

27 Suite 368

City & State

28 Orange Park, FL

Zip

29 32073

Country

30 USA

9. Name and Address of Current Registered Agent

KING, DAVID A ESQ
1410 KINGSLEY AVE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name
Powell, Sandra K.

82 Street Address (P.O. Box Number is Not Acceptable)
3314 Sequoia Road

83

84 City
Orange Park

FL

85 Zip Code
32065

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

Sandra K. Powell

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS POWELL, RICHARD A
CITY-ST-ZIP 3314 SEQUOIA ROAD
ORANGE PARK FL 32065

TITLE ☐ DELETE
NAME VPD
STREET ADDRESS THOSTESON, COLLEEN G
CITY-ST-ZIP RT 1 BOX 219B
COLUMBIA AL 36319

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT & SECRETARY ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.A. POWELL, PRESIDENT

4/27/99

Date

904-278-8894

Daytime Phone #

CR2E034 (1/1/98)

0021650