

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90148 047 ***150.00

DOCUMENT # P96000004597

1. Corporation Name

FLORIDA POE HOLDING COMPANY

Principal Place of Business

511 BAY ST
STE 400
TAMPA FL 33606
US

Mailing Address

511 BAY ST
STE 400
TAMPA FL 33606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

59-3354749

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D & CHAIRMAN ☐ DELETE

NAME POE, WILLIAM F SR.

STREET ADDRESS 511 BAY ST STE 400

CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME POE, CHARLES E

STREET ADDRESS 70 LADOGA

CITY-ST-ZIP TAMPA FL 33606

TITLE D & SECRETARY ☐ DELETE

NAME FOSTER, KEREN P SMITH

STREET ADDRESS 525 SUWANEE CIR

CITY-ST-ZIP TAMPA FL 33606

TITLE D & VP ☐ DELETE

NAME LUNSKIS, MARILYN C

STREET ADDRESS 74 COLUMBIA DR

CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME MITCHELL, JANICE

STREET ADDRESS 119 HICKORY CREEK BLVD

CITY-ST-ZIP BRANDON FL 33511

TITLE DP ☐ DELETE

NAME POE, WILLIAM F J

STREET ADDRESS 511 W BAY STREET SUITE #400

CITY-ST-ZIP TAMPA FL 33606

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR

JAMES E. WURDEMAN

511 BAY STREET, SUITE 400

TAMPA FL 33606

CFO & TREASURER

JAN JACOB MEDER

12213 WOOD DUCK PLACE

TEMPLE TERRACE FL 33617

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)