

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 13, 1999 8:00 am  
Secretary of State

04-13-1999 90059 025 \*\*\*150.00

DOCUMENT # P96000025689

1. Corporation Name

RATH, HARPER & ASSOCIATES, INC.



Principal Place of Business  
5405 CYPRESS CENTER DRIVE  
SUITE ~~200~~ 320  
TAMPA FL 33609

Mailing Address  
5405 CYPRESS CENTER DRIVE  
SUITE ~~200~~ 320  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

59-3375180

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

21 5405 CYPRESS CENTER DRIVE

Suite, Apt. #, etc.  
320

City & State  
TAMPA, FL

Zip Country  
33609

2a. Mailing Address

26 5405 CYPRESS CENTER DRIVE

Suite, Apt. #, etc.  
320

City & State  
TAMPA, FL

Zip Country  
33609

9. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W  
415 S. HYDE PARK AVENUE  
TAMPA FL 33606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HARPER, WILLIAM H  
STREET ADDRESS 5405 CYPRESS CENTER DRIVE #200 320  
CITY-ST-ZIP TAMPA FL 33609

☐ DELETE

TITLE VP  
NAME CARR, JUDY  
STREET ADDRESS 5405 CYPRESS CENTER DRIVE #200 320  
CITY-ST-ZIP TAMPA FL 33609

☐ DELETE

TITLE ST  
NAME RATH, TIFFANY  
STREET ADDRESS 5405 CYPRESS CENTER DRIVE #200 320  
CITY-ST-ZIP TAMPA FL 33609

☐ 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

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 5405 CYPRESS CENTER DRIVE, Suite 320  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 5405 CYPRESS CENTER DRIVE, Suite 320  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 5405 CYPRESS CENTER DRIVE, Suite 320  
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:

*Signature of Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99  
Date

813-636-8860  
Daytime Phone #