

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

FILED  
Feb 05, 1999 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

02-05-1999 90016 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000030659

1. Corporation Name  
JAMES A. YANCEY, P.A.

Principal Place of Business

105 SO FLORIDA AVE.  
3RD FLOOR  
LAKELAND FL 33803  
US

Mailing Address

POST OFFICE BOX 1028  
LAKELAND FL 33802  
US

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/02/1996

4. FEI Number

59-3372405

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

9. Name and Address of Current Registered Agent

YANCEY, JAMES A.  
105 SO FLORIDA AVE.  
3RD FLOOR  
LAKELAND FL 33803

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

I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, certify that the information furnished on this form is true and accurate, and that I am a resident of Florida and 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

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | D                  | <input type="checkbox"/> DELETE            |
| NAME           | YANCEY, JAMES A    |  |
| STREET ADDRESS | 105 SO FLORIDA AVE |  |
| CITY-STATE-ZIP | LAKELAND FL        |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-STATE-ZIP |                    |  |
| TITLE          |                    | <input checked="" type="checkbox"/> DELETE |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-STATE-ZIP |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-STATE-ZIP |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-STATE-ZIP |                    |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-STATE-ZIP |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-STATE-ZIP |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-STATE-ZIP |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-STATE-ZIP |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-STATE-ZIP |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-STATE-ZIP |   |

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

(JAMES A. YANCEY) 1/13/99 941-688-550

CR2E034 (11/98)