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

DOCUMENT # P96000033724 1. Corporation Name

DEBORA E. FRIDIE, ATTORNEY AT LAW, P.A.

Principal Place of Business Mailing Address						III 60 401 80 48 0		1 HON QIOF (VO)
112 WEST ADA	AMS STREET	112 WEST ADAMS STREET STE 819						
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202					DO NOT WRITE IN THIS SPACE			
us us					3. Date Incorporated or Qualifed			
					04/18/1996			
2. Principal F	Place of Business .	2a, Mailing Address			4. FEI Number		A	pplied For
21		26			59-3396957		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	$ \times $		Additional equired
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country 25	Zip	Country	/	This corporation owes the cur Personal Property Tax.	ent year Int	angible Yes	□No
	9. Name and Address of Curre		101		10. Name and Address of New	Registered	/-	
			81	Name				
FRIDIE, DEBORA E								
112 WEST ADAMS ST				Street Add	ess (P.O. Box Number is Not Accept	able)		
STE 819			83	 			*	
JACKSONVILLE FL 32202						<u>`</u> ·		
			84	City		FL	85 Zip	Code
office or	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obligation of the State in familiar with, and accept the obligation of the State in the St	of Florida. Such change was autations of, Section 607.0505, Florid	thorized by da Statutes	the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of pt the appoi	ntment as re	egistered
12.	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICERS		FICERS AN	AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	FRIDIE, DEBORA E		1.2 NAME					}
STREET ADDRESS			1.3 STREE	T ADDRESS				i
CITY-ST-ZIP	JACKSONVILLE FL 32209		1.4 CITY-ST-ZIP					
TITLE		☐ DELETE 2					Change	Addition
NAME			2.2 NAME					J
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				ĺ
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS		_	3.3 STREE	T ADDRESS				}
CITY-ST-ZIP		-	3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	1		4.3 STREE	TADDRESS				1
CITY-ST-ZIP			4.4 CITY-S		,			ļ
TITLE		DELETE	5.1 TITLE				Change	Addition
i	1		5.2 NAME		- A		- 7	- !

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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90010 028 ***158.75

Change

Addition