## 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 # **P96000056335**

JEFFREY ALLEN MCCANN, P.A.

Principal	Place	of	Business
•			

Mailing Address

5630 LEESWAY BLVD. DENSACOLA EL 32504 P.O. BOX 10833

PENSACOLA FL 32524-0833

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90190 040 \*\*\*150.00



TENONOGEN TE 02304		US		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed			
				07/01/1996			
	lace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	—~	
1 200 East Government St. 26 200 East Government St.			<del>分. 59-3387238</del>	Not Applica	$\neg \neg$		
Suite, Apt.	#. etc. Suite 210	Suite Apt. #, etc.  Suite 210	) 	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	al	
City & State	a ~ _	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	, [	
23	Pensacola, FL	28 rensa	cola, FR	Trust Fund Contribution	Added to Fees	-	
Zip 32	Country		_	8. This corporation owes the current y	ear Intangible ☐ Yes ☐ No		
24 ) 2	25	1	)	Personal Property Tax.  10. Name and Address of New Regis			
•·T	9. Name and Address of Current	Registered Agent	81 Name	AAC C - CC	A .		
MCC	ANN, JEFFREY A			Micann, dettrey	<i>7</i> 1,		
5630 LEESWAY BLVD. PENSACOLA FL 32504			82 Street A	Address (P.O. Box Number is Not Acceptable) 200 East Government St			
			Ta		$\neg$		
				Svite 216			
			84 City	Davidoca la El	FI 85 Zip Code	. 1	
11 Durauant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named o	corporation submits this statement for the purp	ose of changing its register	red	
office or r	egistered agent, or both, in the State o	f Florida. Such change was auth	iorized by the corpor	ration's board of directors. I hereby accept the	appointment as registered	1 ]	
agent. I a	m familiar with, and accept the obligation	4	a Statutes.	< /	1/99	J	
SIGNATURE	Signature, typed or printed name of registered agent	A.M.Conn Dir.	gistered Agent signature rec	guired when reinstating) D	7/ 7 <b>9</b>	-	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		12	
TITLE	D	☐ DELETE	1.1 TITLE	0;0	Change Ad	dition	
NAME	MCCANN, JEFFREY A		1.2 NAME	McCann, Jeffrey A.		,	
STREET ADDRESS	POST OFFICE BOX 10833		1.3 STREET ADDRESS	209 East Government St.	, Suite 210		
CITY-ST-ZIP	PENSACOLA FL 32524-0833		1.4 CITY-ST-ZIP	McCann, Jeffrey A. 209 East Government St. Pensacola, FL 3250	)		
TITLE		☐ DELETE	2.1 TITLE	·	☐ Change ☐ Ad	ddition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS			l	
CITY-ST-ZIP	_		2. 4 CITY-ST-ZIP				
TITLE _		☐ DELETE	3.1 TITLE		☐ Change ☐ Ad	ddition (	
NAME			3.2 NAME				
STREET ADORESS			3.3 STREET ADDRESS			]	
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NAME			5.2 NAME				
STREET ADDRESS	~		5.3 STREET ADDRESS			Ì	
CITY-ST-ZIP		Deter	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Ac	ddition	
TITLE		☐ DELETE			_; Sitatige ☐ At	22,0011	
NAME			6.2 NAME			ľ	
STREET ADDRESS			6.3 STREET ADDRESS				

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: \_

THE PARK OF SIGNING OFFICER OR DIRECTOR