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
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90086 049 ***150.00

DOCUMENT # P96000056530

1. Corporation Name

THE ACCIDENT LAW OFFICE OF SAMUEL W. BEARMAN, P. A.

Principal Place of Business	Mailing Address
817 NORTH PALAFOX STREET PENSACOLA FL 32501	817 NORTH PALAFOX STREET PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/03/1996

2. Principal Place of Business 21	**2a.** Mailing Address 26	**4.** FEI Number **59-3395674**	Applied For
			Not Applicable

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	**5.** Certifcate of Status Desired ☐	**$8.75** Additional Fee Required

City & State 23	City & State 28	**6.** Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees

Zip 24	Country 25	Zip 29	Country 30	**8.** This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
BEARMAN, SAMUEL W 817 NORTH PALAFOX STREET PENSACOLA FL 32501	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 _____ Samuel W. Bearman _____ 1/4/99

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 **PVTS** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **BEARMAN, SAMUEL W**		1.2 NAME	
STREET ADDRESS **817 NORTH PALAFOX STREET**		1.3 STREET ADDRESS	
CITY-ST-ZIP **PENSACOLA FL 32501**		1.4 CITY-ST-ZIP	
TITLE **DCM** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **BEARMAN, SAMUEL W**		2.2 NAME	
STREET ADDRESS **817 NORTH PALAFOX STREET**		2.3 STREET ADDRESS	
CITY-ST-ZIP **PENSACOLA FL 32501**		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: _____ Samuel W. Bearman _____ (850) 438-4036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #