

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 # **P96000063587**

1. Corporation Name

**9401 WAYPOINT PLACE, INC.**

Principal Place of Business

**9401 WAYPOINT PLACE INC  
JACKSONVILLE FL 32216  
US**

Mailing Address

**9401 WAYPOINT PL  
JACKSONVILLE FL 32216  
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THOMMI, THOMAS  
9401 WAYPOINT PLACE INC  
JACKSONVILLE FL 32216**

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 **PD** ☐ DELETE

NAME **THOMMI, THOMAS**  
STREET ADDRESS **9401 WAY POINT PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE

NAME **KYPURAMBATH, GRACE**  
STREET ADDRESS **9401 WAY POINT PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

**100002920021--8**

**-06/30/99--01083--021**

**\*\*\*\*150.00 \*\*\*\*150.00**

☐ Change ☐ Addition

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**TS**

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Thomas Thommi MD President*

*4/30/99*

Date

0046792

CR2E034 (11/98)

Thomas Thommi MD  
(Board certified Internal Medicine & Gerontology)  
9401 Way Point place  
Jacksonville  
FL 32257

904 733 6677

2

6/15/99

Division of corporations  
PO Box 6327  
Tallahassee  
FL 32314

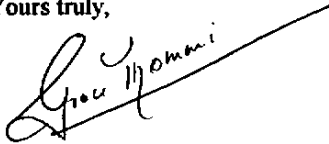
Dear Sir

RE: CORPORATE ANNUAL REPORT / FOLLOW UP TO CONVERSATION WITH SHAWN GREEN

As per our conversation I am sending the report along with the check; I am not sure at this point why the post office send the original mailer back to me. Also attached is a letter from our accountant as to the date this document was prepared.

Thank you for not charging us the added penalty.

Yours truly,



Grace Thommi

Enc.