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
99 MAY 12 PM 12:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000068676

1. Corporation Name
WINEGEART, GRAESSLE & MACKENZIE, P.A.

Principal Place of Business	Mailing Address
219 Newnan Street, 4th Floor Jacksonville, FL 32202	219 Newnan St. 4th Floor Jacksonville, FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/15/1996

4. FEI Number
59-3396106

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt #, etc 22	Suite Apt #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

Graessle, William S.
219 Newnan Street, 4th Floor
Jacksonville, FL 32202

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

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 date of appointment DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS		☐ DELETE
NAME	Winegeart, Lamar III		
STREET ADDRESS	219 Newnan Street, 4th Floor		
CITY-ST-ZIP	Jacksonville, FL 32202		
TITLE	P		☐ DELETE
NAME	Graessle, William S		
STREET ADDRESS	219 Newnan Street, 4th Floor		
CITY-ST-ZIP	Jacksonville, FL 32202		
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		VP	☐ Change ☐ Add
NAME		Dominic C. MacKenzie	
STREET ADDRESS		219 Newnan Street, 4th Floor	
CITY-ST-ZIP		Jacksonville, FL 32202	
TITLE			☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

SECRETARY OF STATE
-05/19/99--01048--016
****150.00 ****150.00

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: [signature] 5/7/99 904/353-6333

SIGNATURE AND TYPE OR PRINT NAME OF PERSON AUTHORIZED TO SIGN DATE DAYTIME TELEPHONE NUMBER