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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085048

1. Corporation Name
SANDRA L. PEACOCK, P.A.



Principal Place of Business: 2203 N. LOIS AVE, 1220, TAMPA FL 33607, US
Mailing Address: PO BOX 21483, SUITE 307, TAMPA FL 33622, US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 10/15/1996
4. FEI Number: 59-3407282
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

9. Name and Address of Current Registered Agent
PEACOCK, SANDRA L.
2203 N. LOIS AVE
STE. 1220
TAMPA FL 33607

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 6 rows and 2 columns for Officers and Directors (Block 12). Each row includes Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors (Block 13). Each row includes Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

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: Sandra L. Peacock 4/15/99 (813) 354-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)