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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90128 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000085334

1. Corporation Name

RONALD L. NELSON, P.A.

Principal Place of Business

**2010 FIFTH AVENUE NORTH
ST. PETERSBURG FL 33713
US**

Mailing Address

**2010 FIFTH AVENUE NORTH
ST. PETERSBURG FL 33713
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

59-3409753

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

21 520 Second Ave South

Suite, Apt. #, etc.

22 City & State

23 St. Petersburg FL

Zip

24 33701

Country

25 US

2a. Mailing Address

26 520 Second Ave South

Suite, Apt. #, etc.

27 City & State

28 St. Petersburg FL

Zip

29 33701

Country

30 US

9. Name and Address of Current Registered Agent

**NELSON, RONALD L
2010 FIFTH AVENUE NORTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name

Ronald L. Nelson

82 Street Address (P.O. Box Number is Not Acceptable)

520 Second Ave South

83

84 City

St. Petersburg

FL

85 Zip Code

33701

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 ☐ DELETE

NAME **D NELSON, RONALD L**

STREET ADDRESS **2010 FIFTH AVENUE NORTH**

CITY-ST-ZIP **ST. PETERSBURG FL 33713**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**520 Second Ave South
St. Petersburg, FL 33701**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-99 (727) 898-9292

CR2E034 (11/98)