

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90227 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000098696

1. Corporation Name

LAW OFFICE OF SUSAN DAWSON, P.A.

Principal Place of Business

309 NE 1ST STREET  
GAINESVILLE FL 32601

Mailing Address

309 NE 1ST STREET  
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

59-3420790

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 2300 Palm Beach Lakes  
Suite, Apt. #, etc. Blvd., Suite 200D

2a. Mailing Address

26 2300 Palm Beach Lakes  
Suite, Apt. #, etc. Blvd., Suite 200D

City & State

23 West Palm Beach, FL

Zip 33409 Country USA

City & State

28 West Palm Beach, FL

Zip 33409 Country USA

9. Name and Address of Current Registered Agent

DAWSON, SUSAN  
309 NE 1ST STREET  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name SUSAN DAWSON  
82 Street Address (P.O. Box Number is Not Acceptable) 2300 Palm Beach Lakes Blvd.  
83 Suite 200D  
84 City West Palm Beach FL 85 Zip Code 33409

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)

4/22/99

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE D  
NAME DAWSON, SUSAN  
STREET ADDRESS 309 NE 1ST STREET  
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE SUSAN DAWSON  
1.2 NAME  
1.3 STREET ADDRESS 2300 Palm Beach Lakes Blvd.  
1.4 CITY-STATE-ZIP Suite 200D, West Palm Beach FL 33409

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 2 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

4/24/99 (561)  
640-0877  
Date Daytime Phone #

CR2E034 (1/1/98)