

MAY 3 1999 8:55AM

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

FD-350 P. 1-2

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000002101

1. Corporation Name

Moody and Shea, P.A.

FILED

99MAY-4 PM 4:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1471 South Missouri Avenue
Clearwater, FL 33756

Mailing Address

P.O. Box 1290
Largo, FL 33779-1290

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01-15-97

1. Principal Place of Business

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-3421012

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fec Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fec

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes No

9. Name and Address of Current Registered Agent

Shea, Susanna S.
1471 South Missouri Avenue
Clearwater, FL 33756

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 607.1506, 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, Print or Pressed Name of Registered Agent and Title if applicable

NOTE: Registered Agent Signature required when relinquishing

DATE

Susanna S. Shea

5/3/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SHEA, Susanna S.
STREET ADDRESS
1471 South Missouri Avenue
CITY-ST-ZIP
Clearwater, FL 33756

TITLE ☐ DELETE

NAME
MOODY, Daniel L.
STREET ADDRESS
1471 South Missouri Avenue
CITY-ST-ZIP
Clearwater, FL 33756

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

200002880532-1
-05/20/99--01006--003
****188.75 ****188.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Susanna S. Shea

Date

5/3/99 (727) 443-6934