## 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

## DOCUMENT # P97000012561

1. Corporation Name

THE ADVOCACY GROUP, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90116 044 \*\*\*150.00



Principal Place	e of Business	Mailing Address		( )BE()		
POST OFFICE		POST OFFICE BOX 15796				
TALLAHASSEE FL 32317-5796		TALLAHASSEE FL 32317-5796	3	DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed		
				02/06/1997		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	App	lied For
	1 mid Ocean Cir.	26 301 Hest	th Lane	59-3429761	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22		27 Apt. 20		3. Certificate of Otation Desired	Fee Req	uired
City & Stat	le \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City & State	7.0	6. Election Campaign Financing	\$5.00 N	
23 Sara		28 > partan bur	7, 3C	Trust Fund Contribution	Added to	Fees
	34 25 USA	2ip 3 4 3 0 1 5	J Country	8. This corporation owes the current year li		<b>X</b> lo
24 273	9. Name and Address of Current	29 3 7 3 0 1 3	o USA	Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81 Name			
BRE	Wer, Mark P		1	IRIC BREWER		
2331 PHILLIPS ROAD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	LAHASSEE FL 32308		83	MAN OFFILE		
\					· <u>a</u>	<u> </u>
			84 City C	ruso ta F	85 Zip Ci	ode
11 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes	the above-named corn	poration submits this statement for the nurrouse of	of changing its r	egistered
l office or r	registered agent, or both, in the State o	of Florida. Such change was autl	honzed by the corporation	on's board of directors. I hereby accept the app	omunem as reg	isieied.
	om familiar with, and accept the obligation	ons of, Section 607.0505, Fiolia	la Statutes.	210 None	. 199	19
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature require		<del>~</del>	<del>'</del>
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PVS	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	BREWER, ERIC		1.2 NAME	·		
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34239-3409		1.4 CITY-ST-ZIP			- A 4430
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
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CITY-ST-ZIP			2.3 STREET ADDRESS	•		
. TITLE			2.4 CITY-ST-ZIP			C1 6 delision
1		DELETE			Change	Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Flonda 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 PRUITED NAME OF SIGNING OFFICER OR DIRECTOR

26 Jan. 1999