

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90011 028 ***150.00

DOCUMENT # P97000019624

1. Corporation Name
PAUL & SINGER, P.A.

Principal Place of Business

**401 E JACKSON ST
STE. 3440
TAMPA FL 33602
US**

Mailing Address

**401 E JACKSON ST
STE. 3440
TAMPA FL 33602
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1997

4. FEI Number

59-3430452

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

21 100 S. Ashley Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 100 S. Ashley Drive
Suite, Apt. #, etc.

22 Suite 1720

27 Suite 1720

23 City & State

28 City & State

Tampa, FL

Tampa, FL

24 Zip Country

29 Zip Country

33602

25 USA

33602

30 USA

9. Name and Address of Current Registered Agent

**PAUL, HENRY L
401 E JACKSON ST
STE. 3440
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

**100 S. Ashley Drive
Suite 1720**

83 City

Tampa

FL

85 Zip Code

33602

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 **D** ☐ DELETE

NAME **PAUL, HENRY L**
STREET ADDRESS **401 E JACKSON ST, STE. 3440**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ DELETE

NAME **SINGER, BETSY S**
STREET ADDRESS **401 E JACKSON ST, STE. 3440**
CITY-ST-ZIP **TAMPA FL 33602**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**100 S. Ashley Drive, Ste. 1720
Tampa, FL 33602**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**100 S. Ashley Drive, Ste. 1720
Tampa, FL 33602**

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

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 #

1/8/99 813 2770815

CR2E034 (1/98)