


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90078 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000025891

1. Corporation Name

PAUL M. GUNTARP JR., P.A.



Principal Place of Business 2030 S CENTRAL AVENUE FLGLER BEACH FL 32136	Mailing Address 2030 S CENTRAL AVENUE FLGLER BEACH FL 32136
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 185 Cypress Point Pkwy Suite, Apt. #, etc. 22 Suite 6 City & State 23 Palm Coast, FL Zip 24 32164 Country 25 Flagler		2a. Mailing Address 26 185 Cypress Point Pkwy Suite, Apt. #, etc. 27 Suite 6 City & State 28 Palm Coast FL Zip 29 32164 Country 30 Flagler		3. Date incorporated or Qualified 03/21/1997	4. FEI Number 59-3437434	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent GUNTARP, PAUL M JR, ESQ 2030 S CENTRAL AVENUE FLGLER BEACH FL 32136				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 6 84 City Palm Coast FL 85 Zip Code 32164			
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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

1/14/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	185 Cypress Point Pkwy, STE. 6			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTARP, PAUL M JR		1.2 NAME				
STREET ADDRESS	2030 S CENTRAL AVENUE		1.3 STREET ADDRESS	Palm Coast, FL 32164			
CITY-ST-ZIP	FLGLER BEACH FL 32136		1.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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

1/14/99 (904) 447-7774

Date

Daytime Phone #