

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90081 034 ***150.00

DOCUMENT # P97000037205

1. Corporation Name
DAWN CALOCA-JOHNSON, P.A.



Principal Place of Business
3845-1 KILLEARN COURT
TALLAHASSEE FL 32308

Mailing Address
3845-1 KILLEARN COURT
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1350-52 N. Gadsden St.
Suite, Apt. #, etc.
22
City & State
23 Tallahassee FL
Zip Country
24 32303 25 U.S.A.

2a. Mailing Address
26 1350-52 N. Gadsden St.
Suite, Apt. #, etc.
27
City & State
28 Tallahassee Florida
Zip Country
29 32303 30 U.S.A.

3. Date Incorporated or Qualified
04/25/1997

4. FEI Number
59-3441695

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

9. Name and Address of Current Registered Agent
CALOCA-JOHNSON, DAWN
3845-1 KILLEARN COURT
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name
DAWN CALOCA-JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable)
1350-52 N. Gadsden Street
83
84 City
Tallahassee FL 85 Zip Code
32303

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 Dawn Caloca-Johnson, President DATE 4-26-99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALOCA-JOHNSON, DAWN	1.2 NAME	Same
STREET ADDRESS	3845-1 KILLEARN COURT	1.3 STREET ADDRESS	1350-52 N. Gadsden St.
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	Tallahassee FL 32303
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: Dawn Caloca-Johnson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-26-99

TELEPHONE 850 385-2771
TELEPHONE #

CR2E034 (11/98)

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