

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

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**Jan 29, 1999 8:00am
Secretary of State**

01-29-1999 90009 036 ****158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000042202

Corporation Name
DOCK DOCTORS OF CENTRAL FLORIDA, INC.



Principal Place of Business
**5 SOUTH 78TH STREET
TAMPA FL 33619**

Mailing Address
**115 SOUTH 78TH STREET
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1997	
5 SOUTH 78TH STREET TAMPA FL 33619		115 SOUTH 78TH STREET TAMPA FL 33619		4. FEI Number 59-3447104	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		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 FISCHER, J JEFFREY 115 SOUTH 78TH ST TAMPA FL 33619				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETE <input type="checkbox"/>	P FISCHER, J JEFFREY 115 SOUTH 78TH STREET TAMPA FL 33619	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>	T GAUL, DAVID R 115 SOUTH 78TH STREET TAMPA FL 33619	1.2 NAME	
DELETE <input type="checkbox"/>		1.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		1.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		2.2 NAME	
DELETE <input type="checkbox"/>		2.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		2.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		3.2 NAME	
DELETE <input type="checkbox"/>		3.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		3.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		4.2 NAME	
DELETE <input type="checkbox"/>		4.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		4.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		5.2 NAME	
DELETE <input type="checkbox"/>		5.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		5.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		6.2 NAME	
DELETE <input type="checkbox"/>		6.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		6.4 CITY-ST-ZIP	

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: **David R. Gaul** DATE: **1/28/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)