

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
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90056 039 ***150.00

DOCUMENT # P97000046927

1. Corporation Name

GAIL F. CONOLLY P.A.

Principal Place of Business

ICOT CENTER, 13575 58TH ST. NORTH, #200
CLEARWATER FL 34620-3721

Mailing Address

ICOT CENTER, 13575 58TH ST. NORTH, #200
CLEARWATER FL 34620-3721

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1997

4. FEI Number

59-3451135

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 Airport Business Ctr.
14004 Roosevelt Blvd.

2a. Mailing Address

26 Airport Business Ctr.
14004 Roosevelt Blvd.

Suite, Apt. #, etc.

22 Suite 605

Suite, Apt. #, etc.

27 Suite 605

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 33762

Country

25 USA

Zip

29 33762

Country

30 USA

9. Name and Address of Current Registered Agent

CONOLLY, GAIL F

ICOT CENTER, 13575 58TH ST. NORTH, #200
CLEARWATER FL 34620-3721

10. Name and Address of New Registered Agent

81 Name
Gail F. Conolly

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

83 14004 Roosevelt Blvd., Suite 605

84 City
Clearwater

85 Zip Code
FL 33762

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 CONOLLY, GAIL F
STREET ADDRESS 433 HARBOR DRIVE SOUTH
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 REQUIRED

3/16/99 (727) 538-9228

Date

Daytime Phone #

CR2E034 (11/98)

0585083