

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 28, 1999 8:00 am
Secretary of State

04-28-1999 90041 039 ***150.00

DOCUMENT # P97000050833

1. Corporation Name

STEVEN A. MEDINA, P.A.



Principal Place of Business

1536 ISABEL COURT

NO. 3

TALLAHASSEE FL 32303

Mailing Address

POST OFFICE BOX 4378

TALLAHASSEE FL 32315-4378

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

59-3450788

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

21 322 Yacht Club Dr, NE

Suite, Apt. #, etc.

22

City & State

23 Ft. Walton Beach, FL

Zip

24 32548

Country

25 USA

2a. Mailing Address

26 P.O. Box 247

Suite, Apt. #, etc.

27

City & State

28 Ft. Walton Beach, FL

Zip

29 32549-0247

Country

30 USA

9. Name and Address of Current Registered Agent

MEDINA, STEVEN A

1536 ISABEL COURT

NO. 3

TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

STEVEN A. MEDINA

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

322 YACHT CLUB DRIVE, NE

83

84 City

Ft. Walton Beach FL

85 Zip Code

32548

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 PD ☐ DELETE

NAME MEDINA, STEVEN A

STREET ADDRESS: 1536 ISABEL COURT, NO. 3

CITY-ST-ZIP TALLAHASSEE FL 32303

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

PD

1.2 NAME

MEDINA, STEVEN A.

1.3 STREET ADDRESS

322 YACHT CLUB DRIVE, NE

1.4 CITY-ST-ZIP

Ft. Walton Beach, FL 32548

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 07, 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

Office Phone #

CR2E034 (1/98)

0054656