## 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

## DOCUMENT # P9700053016

BRUCE OSWALT & ASSOCIATES, INC.

Principal Plac	e of Business	Mailing Address			E ANGELERAL LIN AREIT ENNET ROTTE ANGEL AND IN ANDER		16 31 <b>010 0</b> 111 1001
3780 TAMPA RD. 3780 TAMPA RD.							
		OLDSMAR FL 34677	•				
	•				DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					07/01/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21	•	26			59-3484749	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22	•	27			5. Certificate of Status Desired	Fee R	equired
City & Stat	te	City & State		-	6. Election Campaign Financing	\$5.00	Mav Be
23	•	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Into	angible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
		Jan 162 1 1 1	81	Name			
OSV	VALT, BRUCE	×.	82	C4	(D.O. Day Number in No. Accordable)		
3780 TAMPA RD			02	Street Add	ress (P.O. Box Number is Not Acceptable)		
OLD	ISMAR FL 34677		83				1417 7 731
					<u> </u>		
			84	City	£l	85 Zip	Code
11 Durcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statuta	s the above	-named com	poration submits this statement for the purpose of	changing its	rogistered
i `` " Office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	ì Fiorida. Such change was a⊔	ithorized by i	the corporati	ion's board of directors. I hereby accept the appoir	ntment as re	egistered
SIGNATURE	•						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent	t signature require	ed when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
					TIEDITION OF THE CONTROL OF THE CONT	<u> </u>	5110 HT 12
TITLE	PD	☐ DELETE	1.1 TITLE		Habition of Minded to Office to Art	Change	Addition
TITLE .	PD OSWALT, BRUCE						
NAME .	1.T		1.1 TITLE 1.2 NAME	ADDRESS			
NAME STREET ADDRESS	OSWALT, BRUCE 3780 TAMPA RD.		1.1 TITLE 1.2 NAME 1.3 STREET				
NAME STREET ADDRESS CITY-ST-ZIP	OSWALT, BRUCE 3780 TAMPA RD. OLDSMAR FL 34677		1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST				☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	OSWALT, BRUCE 3780 TAMPA RD. OLDSMAR FL 34677 VSD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE			Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OSWALT, BRUCE 3780 TAMPA RD. OLDSMAR FL 34677 VSD OSWALT, KATHRYN	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	-ZIP		Change	☐ Addition
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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

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90050 019 \*\*\*150.00

CR2E034 (11/98)