

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90139 009 ***150.00

0585107

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000074362

1. Corporation Name

DUPAUL ALLEN & ASSOCIATES, INC.

Principal Place of Business

2753 SR 580 #201
CLEARWATER FL 34621

Mailing Address

2753 SR 580 #201
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

59-3467729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

210

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 109 BAYSIDE BLVD

Suite, Apt. #, etc.

27

28 City & State

29 Zip

Country

30

31 PIVELLAS

9. Name and Address of Current Registered Agent

DUPAUL-ALLEN, PATRICIA L
2753 SR 580 #201
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

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

83 109 BAYSIDE BLVD

84 City

OLDSMAR

FL

85 Zip Code

34677

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

PATRICIA DUPAUL-ALLEN

(NOTE: Registered Agent signature required when reinstating)

DATE

Patricia Dupaul-Allen 27 April 99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DUPAUL-ALLEN, PATRICIA L

STREET ADDRESS 109 BAYSIDE BLVD

CITY-ST-ZIP OLDSMAR FL 34677

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:

Patricia Dupaul-Allen

27 April 99

727-791-7778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)