1062

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

98-99AR

1999

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

FILED
98 MAR 15 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093033

1. Corporation Name
Thomas Horsley P.A.
539 Bar Dr
Kissimmee, Fl 34759-4739670
Principal Place of Business | Mailing Address

539 Bar Dr
Kissimmee, Fl 34759

DO NOT WRITE IN THIS SPACE 1998-1999

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip | 24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip | 29 Country | 30

3. Date Incorporated or Qualified

4. FEI Number
59-3474608
[ ] 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

9. Name and Address of Current Registered Agent
Thomas Horsley
539 Bar Dr
Kissimmee, Fl 34759

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City | FL | 85 Zip Code

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: X Thomas Horsley — DATE: 1/15/99
Signature, type or print name of registered agent, and if applicable, the office

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	Thomas Horsley P.A.	
STREET ADDRESS	539 Bar Dr	
CITY-ST-ZIP	Kissimmee, Fl 34759	
TITLE	Vice President	[ ] DELETE
NAME	Deborah Penoy	
STREET ADDRESS	539 Bar Dr	
CITY-ST-ZIP	Kissimmee, Fl 34759	
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

11 TITLE		[ ] Change [ ] Add
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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****300.00 ****300.00

DB 3-15-99

CR2E034 (11/98)

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 be a legally effective binding signature. 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: X Thomas Horsley — 1/15/99

Thomas Horsley PA.
529 Bar Dr
Kissimmee, FL 34746

January 15,1998

Please wave the penaltys for filing late. Iam enclosing $300.00 for the 1998 & 1999 Department of State fee's. I never received the corporate fee letter.
It will never happen again.

Thank You.

X Thomas Horsley