PROFIT CORPORATION ANNUAL REPORT

1999

LEONARD E. FIX JR., P.A.

1. Corporation Name



DOCUMENT # P97000104884

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90087 032 ***150.00



Principal Place of Business Mailing Address						# 18871881 trm (81)1 (88)1 88111 88111	**********	111 01061 19191 11	B11 B181 1881
2800 - 4TH STR	eet north	2800 - 4TH STREET NORTH							
SUITE 166	Suite 166 St. Petersburg Fl 33704	OG EL 22704			DO NOT WRITE IN THIS SPACE				
ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704						3. Date Incorporated or Qualifed			
						01/01/1998			
2. Principal Place of Business 2a. Mailing Address						4 FEI Number	100	App	lied For
21	_	26			59-32701	540 <u> </u>		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Ad		
22		27					Fee Req		
City & State	2	City & State				6. Election Campaign Financing		\$5.00 N Added to	,
23	O	28	Countr			Trust Fund Contribution	t voor Into		rees
Zip	Country	Zip 30	¬ '	у		This corporation owes the currer Personal Property Tax.			JNo
24	9. Name and Address of Current		<u> </u>			10. Name and Address of New Re			
	5. Name and Address of Curren	. Registered Agent	8	1 N	lame			<u></u>	
FIX, LEONARD E JR				\perp		(2.0. D.)	la)	·	
	- 4TH STREET NORTH		82	2 S	treet Addres	ss (P.O. Box Number is Not Acceptab	ie)		}
SUITE 166			83	3					
ST. PETERSBURG FL 33704				<u>Ļ</u>				Top Tip C	nda
			84	4 C	City		FL	85 Zip Ci	ode
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 region 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 register								egistered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autr	norizea by	y tne	corporation	s board of directors. I nereby accept	trie appoin	tuleur as redi	ISIGIGO
_		, , , , , ,				•			Į
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Ro	egistered Age	ent sign	nature required v	when reinstating) ' 1	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS ANI		
TITLE	D	☐ DELETE	1.1 TITLE			·		☐ Change	☐ Addition
NAME	TIM, CLOTAND C SIX			•	ļ	*			ļ
STREET ADDRESS				ET ADD	į .				[
CITY-ST-ZIP	ST. PETERSBURG FL 33704		1,4 CITY-ST-ZIP		P		_	Change	☐ Addition
TITLE	-		2.1 TITLE					☐ change	Audilion
NAME	FIX, LEONARD E JR								1
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33704			- ŞT-ZII	P	<u> </u>		Change	Addition
TITLE		□ nere ie	3.1 TITLE						
NAME			3.2 NAME						1
STREET ADDRESS			3.3 STREI						
CITY-ST-ZIP				-ST-ZI	P			- [-] Change	
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NAME			4.3 STRE		DDECC				}
STREET ADDRESS									
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE		-			☐ Change	Addition
TITLE		_ ottele	5.1 NAME					•	_ ``
NAME			5.3 STREE		DRESS	•			
STREET ADDRESS			5.4 CITY-		j				
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	6.1 TITLE					Change	Addition

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.

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF