PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000106475

1. Corporation Name

SKELTON, VON GOEBEN, BRYANT, PERKINS & BRYANT, P

Principal Place of Business

Mailing Address

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90071 001 ***150.00



1320 THOMASWOOD DR. TALLAHASSEE FL 32312		1320 Thomaswood Dr. Tallahassee FL 32312				DO NOT WRITE IN THIS SPACE			
ı						3. Date Incorporated or Qualifed 12/19/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Α	applied For	{
21		26				59-3483197		lot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	.Additional]
22		27				5. Certificate of Status Desired	Fee F	Required	1
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	1
23		28		, who	Trust Fund Contribution		to Fees	ĺ	
Zip Country		Zip Country				8. This corporation owes the current year In	tangible		1
24	25	25 29 30				Personal Property Tax.	Yes Yes	□No	
	9. Name and Address of Current	<u> </u>				10. Name and Address of New Registered Agent			
			8	1 Name					1
BRYA	ANT, G. DON N		ļ.						1
1320	THOMASWOOD DR.	Į		2 Stree	Addre	ess (P.O. Box Number is Not Acceptable)			}
TALL	AHASSEE FL 32312		8	3					1
				-}				_	{
			[8	4 City		Fl	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the ahr	ve-name	Como	ration submits this statement for the purpose of		s registered	1
office or re	egistered agent, or both, in the State o	if Florida. Such change was autho	orized b	v the con	oration	's board of directors. I hereby accept the appo	intment as r	egistered	ĺ
agent. I ar	n familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statut	es.					ł
SIGNATURE			······			when reinstating) DATE			}_
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere OFFICERS AND DIRECTORS 13			jent signature	required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	ő
	P OFFICERS AND	DELETE	1.5 TITLE		.	ADDITIONS CHANGES TO OTH IDENO A	Change		1
TITLE	•	- DELETE					onlango		Ι.
NAME	BRYANT, G DON N		1.2 NAM		}				P.034
STREET ADDRESS	1320 THOMASWOOD DRIVE			ET ADDRESS					Į į
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY		↓			CT A diffice	ģ
TITLE	VP	☐ DELETE	2.1 TTLE		Į		Change	Addition	1
NAME	BRYANT, WILLIAM W M		2.2 NAM	E					
STREET ADDRESS	1320 THOMASWOOD DRIVE		2.3 STRE	ET ADORESS	Į		- يو سن -		
CITY-ST-ZIP_	TALLAHASSEE FL 32312		2.4 CITY	-ST-ZIP			,		1
TITLE		☐ DELETE	3.1 TITLE		Ţ		☐ Change	☐ Addition	{
NAME	3.2 N		3.2 NAM	E .					1
STREET ADDRESS			3.3 STRE	ET ADDRESS					}
CITY-ST-ZIP	34.0		3.4. CITY	-ST-7iP					1
TITLE			4.1 TITLE		 		Change	Addition	1
NAME			4.2 NAM	F					ł
STREET ADDRESS)	ET ADDRESS)				ļ
	•				İ				İ
CITY-ST-ZIP				-ST-ZIP	}		☐ Change	Addition	1
TITLE				_			☐ Change		
NAME			5.2 NAM		1				
STREET ADDRESS				ET ADDRESS	1				(
CITY-ST-ZIP			5.4 CITY		 				ĺ
TITLE .		☐ DELETE	6.1 T/TLE		}		Change	☐ Addition	1
NAME			6.2 NAMI	Ē					
STREET ADDRESS			6.3 STRE	ET ADORESS	}				1
CITY-ST-ZIP			6.4 CITY-ST-ZIP						
	artifu that the information cumplied with	n this filing door not qualify for the	evem	otion etate	d in Se	action 110 07/3(ii) Florida Statutos further co	diffy that the	information	,

indicated on this annual report or supplied with any social 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 speciever 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 a settlement with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR