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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000107538

1. Corporation Name

JAMES T. MAXHEIMER, JR., P.A.

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90143 029 \*\*\*150.00



e of Business	Mailing Address					
137-49TH ST. NORTH 3137-49TH ST. NORTH				·		
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710				BO NOT MURITE IN THIS SPACE	_	
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9. Name and Address of Current	Registered Agent		R1 Name	10. Name and Address of New Registered Agent		
DEIDO BORERT D ESOLURE			OI HAINE			
				dress (P.O. Box Number is Not Acceptable)		1
PETENSBURG FL 337 IU			83			
			84 City	85	Zip Ci	ode
			'	FLI	•	
to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the al	bove-named cor	poration submits this statement for the purpose of chang	ing its r	egistered
registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Stati	utes.	aion's aboard of directors. Filerealy accept the appointment	us regi	515154
Signature, typed or printed name of registered agent	and title if applicable. (NOTI	. Registered	Agent signature requi	red when reinstating) DATE		
OFFICERS AND	DIRECTORS	13.				S IN 12
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MAXHEIMER, JAMES T JR		1.2 NA	AME			1
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		1.4 CT	TY-ST-ZIP	IT. PETERSBURG, FL 33	710	<u> </u>
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	lace of Business  /OTH AVE. N. #, etc.  PETERS BURG, FL Country  O 25 PINELLAS  9. Name and Address of Current  REIRO, ROBERT D ESQUIRE  7-49TH ST. NORTH  PETERSBURG FL 33710  to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati  Signature, typed or printed name of registered agent OFFICERS ANE	Iace of Business  /OTH AVE. N. 2a. Mailing Address 26 7410 1077  #, etc.  City & State 27 29 33710  9. Name and Address of Current Registered Agent  REIRO, ROBERT D ESQUIRE 249TH ST. NORTH PETERSBURG FL 33710  to the provisions of Sections 607.0502 and 607.1508, Florida Statut egistered agent, or both, in the State of Florida. Such change was a m familiar with, and accept the obligations of, Section 607.0505, Florida Statut egistered agent, or both, in the State of Florida. Such change was a m familiar with, and accept the obligations of, Section 607.0505, Florida Statut egistered agent, or both, in the State of Florida. Such change was a m familiar with, and accept the obligations of, Section 607.0505, Florida Statut egistered agent and title if applicable.  OFFICERS AND DIRECTORS  D MAXHEIMER, JAMES T JR 3137-49TH ST. NORTH ST. PETERSBURG FL 33710	Iace of Business  /OTH AVE. N. 26 74/0 10TH A #, etc.  City & State  Country  Country  D 25 PINELLAS 29 33710 30 PI  9. Name and Address of Current Registered Agent  REIRO, ROBERT D ESQUIRE  249TH ST. NORTH  PETERSBURG FL 33710  to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a egistered agent, or both, in the State of Florida. Such change was authorized m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, The analysis of Se	ST. PETERSBURG FL. 33710  ST. PETERSBURG FL. 33710  ST. PETERSBURG FL. 33710  Suite, Apt. #, etc.  City & State  Country  Country  Description of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coregistered agent, or both, in the State of Florida. Such change was authorized by the corporal m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  Delete  MAXHEIMER, JAMES T JR  3137-49TH ST. NORTH  ST. PETERSBURG FL. 33710  ST. PETERSBURG FL. 33710	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/02/1998  1ace of Business 10TH AVE. N. 28 74/0 10TH AVE. N. 54 74/0 10TH AVE. N. 55 Certificate of Status Desired \$8 \$1. FEI Number \$1. F	DO NOT WRITE IN THIS SPACE

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 of 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 or a trustee that I am an address, with all other like empowered.

SIGNATURE:

727-341-2540