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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800002167

1. Corporation Name

BETH S. WAYBRANT, P.A.

## **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90038 039 \*\*\*150.00



	•						IN <b>FR</b> iin <b>er</b> iin e	<b>e</b> nia (1888) (1881	<b>. 6</b> 7111 1 <b>40</b> 1 1861
Principal Place of Business Mailing Address									
2004 SWAN LAN									
PALM HARBOR	FL 34683	PALM HARBOR FL 34683				DO NOT WRITE IN THIS SPACE			
					ŀ	3. Date Incorporated or Qualifed			]
						01/07/1998			l
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3486285			ot Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	in the second	27			٠٠	5. Certificate of Status Desired	Ģ.,	- Fee R	equired -
City & State	t	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the curr	ent year Inta	ngible	_
24	25	29 30	0			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered /	Agent	
34.554			81	Name					
	BRANT, GARY L	•	82	Street	Addres	s (P.O. Box Number is Not Accepta	ıble)		
2004			of officer realists (F.O. Box realists is the company)						
PALM	I HARBOR FL 34683		83	3					
			84	City				85 Zip	Code
			04	City			FL	63  2.10	COGC
office or re agent. I an	o the provisions of Sections 607.0502 gistered agent, or both, in the State on familiar with, and accept the obligati	if Florida. Such change was auth	iorized by	the corp	oration's	s board of directors. I hereby accep	t the appoin	itment as ri	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	ent signature r	required w	hen reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			3. ADDITIONS/CHANGES TO OFFICERS AND DIRE					
TITLE		☐ DELETE	1.1 TITLE		Pro	esident		☐ Change	Addition
NAME			1.2 NAME		Be	in s. Waybrant	•		
STREET ADDRESS			1.3 STREE	T ADDRESS	20	th S. Waybrant of Swan Lane	•		
CITY-ST-ZIP	•		1.4 CITY-1	ST-ZIP	Pa	um Harbor,	-L 3	4683	;
TITLE		☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	T ADDRESS					
CITY-ST-ZIP	•	<u> </u>	2. 4 CITY-	ST-ZIP		چان المستخد باطلار بروم برا المستخدان	> ~=# ·		
TITLE		( DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS		•	3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			*		☐ Change	☐ Addition
NAME			4. 2 NAME	Ī					
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CfTY-						
TITLE		☐ DELETÉ	5.1 TITLE		<u> </u>			☐ Change	☐ Addition
NAME		•	5.2 NAME						
STREET ADDRESS			5.3 STREI	ET ADDRESS					
1		ė.	5.4 CITY-			•			
CITY-ST-ZIP TITLE	·	☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME		<b>_</b>	6.2 NAME					_ ,	
	e Brandist G			T ADDRESS					
STREET ADDRESS	• •		6.4 CITY-						
CITY-ST-ZIP ,	(4)/s		E 2 OII 17.		1				

14. 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:

SIGNATURE:

SIGNATURE: