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**PROFIT** CORPORATION ANNUAL REPORT

1999·

RUNYAN & RUNYAN, P.A.



DOCUMENT # P98000002920

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90007 038 \*\*\*150.00



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Principal Place of Business Mailing Address 100 2ND AVE SOUTH, SUITE 704 100 2ND AVE SOUTH, SUITE 704 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1998 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 11411 Walker Avenue Suite, Apt. #, etc. 59-3486143 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 Seminole, 8. This corporation owes the current year Intangible Zin Country Zip Personal Property Tax. 30 24 25 33772 Pinellas 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUNYAN, CINDY L Street Address (P.O. Box Number is Not Acceptable) 82 100 2ND AVE SOUTH, SUITE 704 ST PETERSBURG FL 33701 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME David H. Runyan 13 STREET ADDRESS 14 CITY-ST-ZIP STREET ADDRESS 100 Second Avenue S., Suite 70 CITY-ST-ZIP St. Petersburg, Fl 3370 LIETE ☐ Change Addition 2.1 TITLE TITLE VPD 2.2 NAME NAME STREET ADDRESS Cindy L. Runyan 2.3 STREET ADDRESS 100 Second Avenue S., Suite 704 2 4 CITY ST - ZIP CITY-ST-ZIP Addition ☐ Change St. Petersburg, Fl 3370 DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 41 TITS F TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CfTY+ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TΠF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 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 supplier ental 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 conforation or the reveiver or trustee empowered to execute this eport 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:

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