Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90055 041 \*\*\*150.00

## **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 # P98000008262

1. Corporation Name

BARBARA M. DUMBIE & ASSOCIATES, INC.

| Principal Place of Business Mailing Address   |  |                              |                       |                                |                                | -<br>                         | IIAI <b>ve</b> iil <b>ad</b> iii<br>' | 80(11 88181 (91½ 11811 | Billio 1081 1881 |
|---|--|------------------------------|-----------------------|--------------------------------|--------------------------------|-------------------------------|---------------------------------------|------------------------|------------------|
| 2800 PLACIDA  | ROAD STE. 102  | 2800 PLACIDA ROAD S          | PLACIDA ROAD STE. 102 |                                |                                |                               | }                                     |                        | •                |
| ENGLEWOOD F   |  | ENGLEWOOD FL 34224           |                       |                                | BO 1107                        |                               | T                                     |                        |                  |
|   |  |                              |                       |                                |                                |                               | •                                     | THIS SPACE             |                  |
|   |  |                              |                       |                                |                                | 3. Date incorporated or Qua   | litea<br>                             |                        |                  |
| 2 Principal P   | tace of Business   | 2a. Mailing Address          |                       |                                |                                | 01/27/1998<br>4. FEI Number   | i ·                                   | ·     Δr               | pplied For       |
| <b>-</b>  | ace of business  | 26. Walling Address          |                       |                                |                                | 65-0815a                      | 91                                    | <del></del>            | ot Applicable    |
| Suite, Apt.   | #. etc.  | Suite, Apt. #, etc.          |                       |                                |                                |                               |                                       | \$8.75                 |                  |
| 22  |  | 27                           |                       |                                | 5. Certifcate of Status Desire | d □                           | •                                     | equired                |                  |
| City & Stat   | e  | City & State                 |                       |                                | 6. Election Campaign Finance   | ing _                         | \$5.00                                | May Be                 |                  |
| 23  |  | 28                           |                       |                                |                                | Trust Fund Contribution       |                                       |                        | to Fees          |
| Zip   | Country  | Zip                          | Cou                   | intry                          |                                | 8. This corporation owes the  | current yea                           |                        |                  |
| 24 ·  | 25   | 29                           | 30                    |                                |                                | Personal Property Tax.        | į                                     | <u> </u>               | ÆNo              |
|   | 9. Name and Address of Current   | Registered Agent             |                       |                                |                                | 10. Name and Address of N     | ew Registe                            | red Agent              |                  |
| T DUN   | IDIE BARRARA M   |                              |                       | 81                             | Name                           |                               | ļ                                     |                        |                  |
|   | IDIE, BARBARA M  |                              |                       | 82                             | Street Addre                   | ss (P.O. Box Number is Not Ac | ceptable)                             |                        |                  |
|   | PLACIDA ROAD STE. 102  |                              |                       |                                |                                |                               |                                       |                        |                  |
| ENG   | LEWOOD FL 34224  |                              |                       | 83                             |                                |                               |                                       |                        |                  |
|   |  |                              |                       | 84                             | City                           | 41-11-1-1                     |                                       | 85 Zip                 | Code             |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the |  |                              |                       |                                |                                |                               |                                       | FL C                   |                  |
| agent. I a  | egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI | and title if applicable. (NC | Florida Stat          | utes.                          | signature required             |                               | [<br>I<br>I DAT                       | E                      |                  |
| TITLE   | SDVT   | DELETE                       | 1.1 Ti                | R E                            |                                | ADDITIONO/OFIANOLO TO         | I                                     | Change                 | Addition         |
| NAME  | DUMDIE, BARBARA M  | _ DECE.12                    | 1.2 N                 |                                |                                |                               |                                       |                        |                  |
| STREET ADDRESS  | 2800 PLACIDA ROAD STE. 102   | )                            | . I                   |                                | ADDRESS                        |                               |                                       |                        |                  |
|   | ENGLEWOOD FL 34224   | •                            |                       |                                |                                |                               |                                       |                        |                  |
| CITY-ST-ZIP<br>TITLE  | P  | ☐ DELETE                     | 2.1 TITLE             |                                | -211                           |                               | <u> </u>                              | ☐ Change               | Addition         |
| NAME  | DUMDIE, BARBARA M  |                              |                       | 2.2 NAME                       |                                |                               | İ                                     |                        | _                |
| STREET ADDRESS  | 2800 PLACIDA ROAD STE. 102   | )                            | i i                   |                                | ADDRESS                        |                               |                                       |                        |                  |
|   | ENGLEWOOD FL 34224   | <u>-</u>                     |                       | ITY-ST                         |                                |                               | i                                     |                        |                  |
| CITY-ST-ZIP<br>TITLE  |  |                              | 3.1 TI                |                                | 1-AF                           |                               | <u>'</u><br>}                         | Change                 | Addition         |
| NAME  | _  |                              | 3.2 N                 |                                |                                | •                             | !                                     | _ ,                    | _                |
| STREET ADDRESS  |  |                              |                       |                                | ADDRESS                        |                               | :<br>L                                |                        |                  |
| CITY-ST-ZIP   |  |                              |                       |                                |                                |                               | [                                     |                        |                  |
| TITLE   |  |                              |                       | 3.4. CITY- ST-ZIP<br>4.1 TITLE |                                |                               | <br>}                                 | Change                 | ☐ Addition       |
| NAME  |  |                              | 4. 2 N                | AME                            |                                |                               |                                       |                        | _                |
| STREET ADDRESS  |  |                              | •                     |                                | ADDRESS                        |                               | į                                     |                        |                  |
| CITY-ST-ZIP   |  |                              |                       | TY-ST                          |                                |                               | }                                     |                        | 1                |
| TITLE   |  | DELETE 5.1                   |                       |                                |                                | ·                             | !                                     | ☐ Change               | ☐ Addition       |
| NAME  |  |                              | 5.2 N                 |                                |                                |                               | l                                     |                        |                  |
| STREET ADDRESS  |  |                              | 5.3 ST                | REET                           | ADDRESS                        | ·                             | !<br>•                                |                        |                  |
| CITY-ST-ZIP   |  |                              | 5.4 CI                | TY-ST-                         | - ZIP                          |                               | į                                     | ,                      |                  |
| TITLE   |  | ☐ DELETE                     | 6.1 Ti                | ΠE                             |                                |                               |                                       | Change                 | Addition         |
| NAME  |  |                              | 6.2 N/                | WE                             |                                |                               |                                       |                        |                  |

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 chapter or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS