

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90010 027 \*\*\*150.00

0102087

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000019407** ✓

1. Corporation Name

**JAMES L. HARLOW, PSY.D, P.A.**

Principal Place of Business

**9312 71ST AVENUE E  
PALMETTO FL 34221**

Mailing Address

**9312 71ST AVENUE E  
PALMETTO FL 34221**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/02/1998**

4. FEI Number

**65-0820924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YANCHEK, JOHN A ESQ  
1515 RINGING BLVD SUITE 800  
SARASOTA FL 34236**

81 Name

**David G. Junka**

82 Street Address (P.O. Box Number is Not Acceptable)

**9312 71 Avenue East**

83

84 City

**Palmetto**

**FL**

85 Zip Code  
**34221**

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 **David G. Junka**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-1-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DPST</b>	<input type="checkbox"/> DELETE
NAME	<b>HARLOW, JAMES L PSY.D</b>	
STREET ADDRESS	<b>9312 71ST AVENUE E</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE:

**James L. Harlow**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/99**

Date

**941-951-6504**

Daytime Phone #

CR2E034 (5/99)

**James L Harlow, PsyD, P.A.**

9312 71st ave east

Palmetto Florida 34221

Phone (941) 951-6504  
Fax (941) 951-6433  
Home Phone (941) 723-1356

August 02, 1999

Dear Sirs,

Regarding the information I just received in the mail for the filing of the 1999 profit corporation annual report.

This is the first time that I was made aware of a problem on this matter. I did not receive the first document that was, according to this "second notice" apparently sent out, several months ago.

This document was just handed to me by a neighbor. Our area has had a problem with the mail carriers not putting mail in the proper boxes for several months now and many complaints have been acknowledged by them. We also have now found out that people in the neighborhood have been discarding mail not of their own! We are now assuming that something has interrupted this information's delivery.

Enclosed, find \$150.00 for annual report fees

Sincerely,

*Dr. James L. Harlow*

Dr. James L Harlow

cc: David G. Junka