


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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90152 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000024280

1. Corporation Name
CAROL ANN GRIFFIN, P.A.

Principal Place of Business 34898 EMERALD COAST PKWY DESTIN FL 32541	Mailing Address 34898 EMERALD COAST PKWY DESTIN FL 32541
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

4. FEI Number

59-3499787

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 34894 Emerald Coast Pkwy
Suite, Apt. #, etc.

2a. Mailing Address

26 34894 Emerald Coast Pkwy
Suite, Apt. #, etc.

23 City & State

Destin, FL

27 City & State

Destin, FL

24 Zip 32541 25 Okaloosa

29 Zip 32541 30 Okaloosa

9. Name and Address of Current Registered Agent

GRIFFIN, CAROL A
34898 EMERALD COAST PKWY
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

SAME

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

34894 Emerald Coast Pkwy

83

84 City

SAME

FL

85 Zip Code

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, CAROL A	
STREET ADDRESS	34898 EMERALD COAST PKWY	
CITY-STATE-ZIP	DESTIN FL 32541	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 34894 Emerald Coast Pkwy

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carol A. Griffin, April 10, 1999 850-837-1880

CR2E034 (1/98)