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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

2TING

33602

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OOF

## DOCUMENT # P98000025984

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

33602

HINES, JAMES P

315 S HYDE PARK AVE TAMPA FL 33606

**ろいて** City & State

22

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Zip

PETTIS & VAN ROYEN, P.A.

70 O

Country

9. Name and Address of Current Registered Agent

:	
Principal Place of Business	Mailing Address
501 E KENNEDY BLVD TAMPA FL 33601	501 E KENNEDY BLVD Tampa Fl 33601

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90309 008 \*\*\*150.00

DO NOT WRI	TE IN TH	IIS SPACE			
Date Incorporated or Qualifed 04/01/1998					
FEI Number			Applied For		
59-3492893	<b>.</b>		Not Applicable		
Certificate of Status Desired			75 Additional e Required		
Election Campaign Financing Trust Fund Contribution			00 May Be		

👿 Yes

□No

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Personal Property Tax.

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

84 City 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

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: R	egistered Agent signature requir	red when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/	CHANGES TO OFFICERS	CHANGES TO OFFICERS AND DIRECTORS IN 12			
TILE	D	DELETE	1.1 TITLE		•	Change	☐ Addition		
NAME	PETTIS, DAVID W JR		1.2 NAME		•				
STREET ADDRESS	501 E KENNEDY BLVD		1.3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33601		1.4 CITY-ST-ZIP		_				
TITLE	D	DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME	VAN ROYEN, WILLIAM S		2.2 NAME						
STREET ADDRESS	501 E KENNEDY BLVD		2.3 STREET ADDRESS	· ·			•		
CITY-ST-ZIP	TAMPA FL 33601		2. 4 CITY-ST-ZIP		· ·				
TITLE		DELETE	3.1 TITLE			Change	Addition Addition		
NAME	· e		3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4,1 TITLE			Change	Addition Addition		
NAME	•		4,2 NAME						
STREET ADDRESS	•		4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE	•		☐ Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS	•		5.3 STREET ADDRESS						
C/TY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE >	4 % 7 km	DELETE	6.1 TITLE			☐ Change	☐ Addition		
	रे रोहर विषय वर्ष		6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			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 13 if changed, or on an attachment with an address, with all other like empowered.

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