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 # P98000037036

J. PARKER AILSTOCK, P.A.

Principal Place of Business

Mailing Address

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90126 050 ***158.75



1823 NW 10 AV GAINESVILLE FI		1823 NW 10 AVE GAINESVILLE FL 32605			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 04/23/1998		
2. Principal Place of Business 2a. Mailing Address				N To-	4. FEI Number Applied F		
21 26	15 N.W.5 - Hay		<u>w.ડ</u>	Hac			
Suite, Apt.	inesoille, FL	Suite, Apt. #, etc.	oi lle	FL	5. Certificate of Status Desired \$8.75 Addition Fee Required	al	
City & State	2607	28 32607		<u>'</u>	6. Election Campaign Financing Trust Fund Contribution S.00 May Boaded to Fees	B ·	
Zip 24	Country 25	Zip 30	Country	<i>'</i>	8. This corporation owes the current year Intangible Personal Property Tax. □ No		
	9. Name and Address of Current	Registered Agent	81	T	10. Name and Address of New Registered Agent		
DARWED ALL CTOCK LANET				Name 4	PARKER, Albstock, Janet	}	
PARKER AILSTOCK, JANET 1823 NW 10 AVE				Street_Ac	ddress (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32605			83	با	615 N.W. 3 - Place		
GAIN	AESVILLE PL 32003		63	1			
			84	16		7	
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. (NOTE: Registered Agent signature required when reinstalting) OATE OATE							
12.	OFFICERS AND	D DIRECTORS DELETE	13. 1.1 TITLE			ddition	
TITLE	DADKED AILSTOCK JANET	Dettere	1.2 NAME	-	PARKER ALLSTOCK JAMET		
NAME	PARKER AILSTOCK, JANET 1823 NW 10 AVE			TADORESS	PARKER MICS TOCK JAME 1		
STREET ADDRESS	GAINESVILLE FL 32605		1.4 CITY-S	1	2618 N.W. Sille Place 326	07	
CITY-ST-ZIP TITLE	GAMESVILLE PL 32003	☐ DELETE	2.1 TITLE	31-21	Change A	ddition	
NAME			2.2 NAME	ļ			
STREET ADDRESS				TADDRESS	,		
CITY-ST-ZIP			2. 4 CITY-	1		ļ	
TITLE		☐ DELETE	3.1 TITLE		. Change A	ddition	
NAME.			3.2 NAME			ĺ	
STREET ADDRESS			3.3 STREE	TADDRESS		}	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ A	ddition	
NAME	•		4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	* **		4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A	Addition }	
NAME			5.2 NAME			1	
STREET ADDRESS			5.3 STREE	TADORESS		1	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ A	ddition	
NAME			6.2 NAME	ĺ			
STREET ADDRESS			6.3 STREE	TADDRESS]	

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: