


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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90078 002 ***150.00

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P98000038044**

1. Corporation Name

PAUL A. DIEGUEZ & SABRINA L. BARKER, P.A.



Principal Place of Business

**134 5TH AVENUE #102
INDIALANTIC FL 32903**

Mailing Address

**134 5TH AVENUE #102
INDIALANTIC FL 32903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1998

4. FEI Number

59-3509751

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 3101 North Highway A1A

Suite, Apt. #, etc.

22

City & State

23 Indialantic, Florida

Zip

24 32903

Country

25 USA

2a. Mailing Address

26 3101 North Highway A1A

Suite, Apt. #, etc.

27

City & State

28 Indialantic, Florida

Zip

29 32903

Country

30 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

Paul A. Dieguez

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

3101 North Highway A1A

83

84 City

Indialantic

FL

85 Zip Code

32903

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | DIEGUEZ, PAUL A | |
| STREET ADDRESS | 134 5TH AVENUE #102 | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | BARKER, SABRINA L | |
| STREET ADDRESS | 134 5TH AVENUE #102 | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Dieguez, Paul A. | |
| 1.3 STREET ADDRESS | 3101 North Highway A1A | |
| 1.4 CITY-ST-ZIP | Indialantic, Florida 32903 | |

| | | |
|--------------------|----------------------------|--|
| 2.1 TITLE | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Barker, Sabrina L. | |
| 2.3 STREET ADDRESS | 3101 North Highway A1A | |
| 2.4 CITY-ST-ZIP | Indialantic, Florida 32903 | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |


| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

 **Sabrina L. Barker**

3/30/99

(407) 779-4334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0108412