

**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

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90015 007 \*\*\*550.00

**DOCUMENT # P98000038170**

1. Corporation Name  
**GONZALEZ LEGAL SERVICES, P.A.**



Principal Place of Business  
**1408 N. WESTSHORE BLVD.  
AUSTIN CENTER WEST, SUITE 906  
TAMPA FL 33607**

Mailing Address  
**1408 N. WESTSHORE BLVD.  
AUSTIN CENTER WEST, SUITE 906  
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/24/1998**

4. FEI Number  
**59-3553135**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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 GONZALEZ LEGAL SER.P.A.**

2a. Mailing Address

**26 708 JACKSON ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State  
**TAMPA, FL 33602**

**27**  
City & State  
**TAMPA, FL**

**24** Zip **25** Country  
**USA**

**28** Zip **29** Country  
**33602 USA**

9. Name and Address of Current Registered Agent

**GONZALEZ, HENRY  
1408 N. WESTSHORE BLVD.  
AUSTIN CENTER WEST, SUITE 906  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

**81 Name GONZALEZ, HENRY D**  
**82 Street Address (P.O. Box Number is Not Acceptable) 708 JACKSON STREET**  
**83**  
**84 City TAMPA FL 85 Zip Code 33602**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

**TITLE D**  
**NAME GONZALEZ, HENRY**  
**STREET ADDRESS 1408 N. WESTSHORE BLVD.**  
**CITY-ST-ZIP TAMPA FL 33607**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

**1.1 TITLE D**  
**1.2 NAME GONZALEZ, HENRY**  
**1.3 STREET ADDRESS 708 JACKSON STREET**  
**1.4 CITY-ST-ZIP TAMPA, FL 33602**

☐ Change ☐ Addition

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 8, 1999** 813/2212505  
Date Daytime Phone #

07-13-1999 11/08