

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
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90056 048 ***150.00

DOCUMENT # P98000040980

1. Corporation Name

LAW OFFICE OF MERRIBETH HOLMES, P.A.

Principal Place of Business

10014 N. DALE MABRY HWY., STE. 101
TAMPA FL 33618

Mailing Address

P.O. BOX 273080
TAMPA FL 33688-3080

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59-3506752

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 9436 REGENCY PARK BLVD.

Suite, Apt. #, etc.

22

City & State

23 PORT RICHEY, FL.

Zip

24 34668

Country

25 USA

2a. Mailing Address

26 P.O. BOX 5180

Suite, Apt. #, etc.

27

City & State

28 HUDSON, FL.

Zip

29 34674-5180

Country

30 USA

9. Name and Address of Current Registered Agent

HOLMES, MERRIBETH
10014 N. DALE MABRY HWY., STE. 101
TAMPA FL 33618

10. Name and Address of New Registered Agent

81

Name (SAME)

82

Street Address (P.O. Box Number is Not Acceptable)
9436 REGENCY PARK BLVD.

83

84

City PORT RICHEY

FL

85

Zip Code 34668

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPS
HOLMES, MERRIBETH
STREET ADDRESS
P.O. BOX 273080
CITY-ST-ZIP
TAMPA FL 33688-3080

TITLE ☐ DELETE

NAME
VPT
HOLMES, MERRIBETH
STREET ADDRESS
P.O. BOX 273080
CITY-ST-ZIP
TAMPA FL 33688-3080

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME (SAME)
1.3 STREET ADDRESS 9436 REGENCY PARK BLVD.
1.4 CITY-ST-ZIP PORT RICHEY, FL. 34668

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME (SAME)
2.3 STREET ADDRESS 9436 REGENCY PARK BLVD.
2.4 CITY-ST-ZIP PORT RICHEY, FL 34668

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Merribeth Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0396720