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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000049403

1. Corporation Name

FRANK J. RIEF, III, P.A.

Principal Place of Business

Mailing Address

3318 JEAN CIRCLE
TAMPA FL 33629

3318 JEAN CIRCLE
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

59-3515320

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

2a. Mailing Address

21 442 W. KENNEDY BLVD

26 442 W. KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 No. 340

27 No. 340

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip

Zip

Country

Country

24 33606

25 USA

29 33606

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIEF, FRANK K III
3318 JEAN CIRCLE
TAMPA FL 33629

81 Name

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

442 W. KENNEDY BLVD

83 Suite 340

84 City TAMPA

FL

85 Zip Code

33606

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)

4/19/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME RIEF, FRANK J III
STREET ADDRESS 3318 JEAN CIRCLE
CITY-ST-ZIP TAMPA FL 33629

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME STRASKE, PAUL A
STREET ADDRESS 5105 EVELYN DR.
CITY-ST-ZIP TAMPA FL 33609

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99(813)2586660