**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000068906**1. Corporation Name

DONALD A. FURLONG, P.A.

Principal Place of Business 841 68 AVE. SQ.

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

ST. PETERSBURG FL 33705

841 68 AVE. SO.

2a. Mailing Address

Suite, Apt. #, etc.

ST. PETERSBURG FL 33705

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90114 009 \*\*\*163.75



DO NOT WRITE IN THIS SPACE

X Applied For

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

08/03/1998

4. FEI Number

Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	_ <b>X</b>	po./ ک A Fee_Re	
City & State			City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
<b>23</b>   Zip	Country	28	Zip	Cou	ntrv		This corporation owes the curr	ent vear I		0   663
24	25 29 30				<b>,</b>		Personal Property Tax.	ent year i	Yes	□No
24	9. Name and Address of Current		stered Agent				10. Name and Address of New F	legistere	d Agent	_
					81	Name				
FURLONG, DONALD A					82 Street Address (P.O. Box Number is Not Acceptable)			<del></del>		
841 68 AVE. SO.					02	Street Address (F.O. Box Humber is Not Acceptable)				
ST. I	PETERSBURG FL 33705				83					
									lock 7in C	Na do
					84	City		F	<b>85</b> Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 6	607.1508, Florida Statu	ites, the a	bove	-named corpo	ration submits this statement for the	purpose o	of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florid	da. Such change was :	authorized	l by i	the corporation	n's board of directors. I hereby accep	t the app	ointment as rec	gistered
_	in tanillar with and accept the obligate	U 6110	, 0000011 001.0000, 1 1	J.,56 J.66						
SIGNATURE	Signature, typed or printed name of registered agent a	and trtie	if applicable. (NOT	E: Registered	Agen	signature required	when reinstating)	DATE		
12.	OFFICERS AND	DIRE	ECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	D		DELETE	1.1 TI	ΠE				Change	☐ Addition
NAME	FURLONG, DONALD A			1.2 N	ME					
STREET ADDRESS	841 68 AVE. SO.			1.3 51	REET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33705			1.4 CI	TY-ST	-ZIP				
TITLE			☐ DELETE	2.1 TI	ΠĒ				☐ Change	Addition
NAME				2.2 N	ME					
STREET ADDRESS	1			23 \$1	REET	ADDRESS				
CITY-ST-ZIP				2.4 C	TY-S	r-zip				
TITLE			☐ DELETE	3.1 TI	ſLΕ				☐ Change	☐ Addition
NAME				3.2 N	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. C	ITY-S	T- ZIP				
TITLE			☐ DELETE	4,1 T)	ſLΕ				☐ Change	☐ Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-ST	-ZIP				
TITLE			☐ DELETE	5.1 Tr					Change	Addition
NAME				5.2 N/						
STREET ADDRESS				5.3 ST	REET	ADDRESS				'
CITY-ST-ZIP				_	TY-\$T	-ZIP				
TITLE			☐ DELETE	6.1 ∏					☐ Change	Addition
NAME .	Committee of the second of the committee			6.2 N/	ME					
STREET ADDRESS	STAR STATE OF STATE O			6.3 S1	REET	ADDRESS				
CITY-ST-ZIP.					TY-\$1					
dd Ibasabir	with the table information operation with	thin f	filing doop not qualify for	or the eve	moti	on stated in Se	action 119 07/3\/ii\ Florida Statutes	further c	ertify that the is	nformation

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: