## 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** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90017 002 \*\*\*150.00

DOCUMENT #	P98000077612
Cornomtion Name	

HEATHER DAMRON, M.S. AND ASSOCIATES, INC.

,,,_,,,,,						
Principal Place	e of Business	Mailing Address	<del></del> -			[ (Ballen) 3 6  6 6    Ball Shill shill shill shill head head and a seas and the coat
4311 S.W. 69TH TERRACE GAINESVILLE FL 32608  4311 S.W. 69TH TERRACE GAINESVILLE FL 32608					DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed
						09/09/1998
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number
21		26			-	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			~	5. Certificate of Status Desired  \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	e	City & State			•	6. Election Campaign Financing \$5.00 May Be
23	<del></del>	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry	1	This corporation owes the current year Intengible
24	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
	iron, Heather I S.W. 69th Terrace			82	Street /	Address (P.O. Box Number is Not Acceptable)
i e	IESVILLE FL 32608			L-	ļ-	
GAII	IESVILLE PE 32000			83	ļ	
				84	City	FL 85 Zip Code
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was a	authorize	n nv	the coroc	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE					<del></del>	equired when reinstating) DATE
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	E: Registered		nt signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OPPICERS A	DELETE	1.1 T			Change Addition
	DAMRON, HEATHER			IAME		
NAME	4311 S.W. 69TH TERRACE				T ADDRESS	
STREET ADDRESS	GAINESVILLE FL 32608				-	
CITY-ST-ZIP	GAINESVILLE FL 32006	□ DELETE		1,4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE			2.1 I			
NAME					T ADDDCCC	
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP	<u> </u>	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE		☐ ∩€reie	I -			
NAME			- 1	IAME		
STREET ADDRESS					TADORESS	
CITY-ST-ZIP		□ DELETE			ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 T			
NAME				NAME		·
STREET ADDRESS			4.3 5	TREE	TADORESS	

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 suppliemental 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 po an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

NAME

☐ Change

Change

Addition

☐ Addition