FILED May 03, 1999 8:00 am Secretary of State

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## 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** 

## DOCUMENT # P98000081299

1. Corporation Name					
JOSHUA E. REYNOLDS, P.A.					
				L CERCUERI COR CRERC CROCK ROCKU ROCKU REKUL ROCKU	ER CECCO PLOCO CREPE COULD CECL CECC
Principal Place of Business Mailing Address				- * 1001/00/ 150 /0/0/ 10/0/ 10/0/ 40/0/ 10/0/ 10/0/	<u> </u>
-1243 MAIN STI	AREA 2050 Constitution	1949-MAIN-STREET P.	O. BOX 297		
Billy A) Some 200			O. DUN C ( )	DO NOT 1/10/15 1/1 THE	* **
SANASUTA FL MAZE		11220	DO NOT WRITE IN THI	S SPACE	
34231		4230	3. Date Incorporated or Qualifed	,	
Principal Place of Business 2a. Mailing Address			09/16/1998 4. FEI Nümber	Applied For	
21 Principal P	Signer Of Differences	<u> </u>		65-0873768	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	w, d.d.	27		5. Certifcate of Status Desired	Fee Required
City & Stat	(e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	29 30	ol	Personal Property Tax.	Yes No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	d Agent
81 Name					
	NOLDS, JOSHUA E ESQ.	رم ، ر ، رم	Street Addre	ess (P.O. Box Number is Not Acceptable)	· · · · ·
	<del>MAIN STREE</del> T 2050 (	Constitution B	1/0/		
	15205 Saras7	ota.FL	83		
SAH	ASOTA FL 34236		84 City	•	85 Zip Code
		34231	City	Fl	2ip Coue
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					
	Signature field or printed name of registered agent a		egistered Agent signature required		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	_ · · · · · · · · · ·
TITLE	DEVAIOUDE HOULEAR FEED	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, JOSHUA E ESQ.	MENO - ch L. Lind	1.2 NAME		
STREET ADDRESS	1949 MAIN STREET, SUITE 205		•		
CITY-ST-ZIP	SARASOTA FL.34236-342	<b>-</b>	1.4 CITY-ST-ZIP		TO Addition
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	-	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		TI OS D Addition
TITLE		☐ Deleté	3.1 TITLE		☐ Change ☐ Addition
NAME	ı		3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		Clobert Claddition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		1	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Total El Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	. 15		5.2 NAME		
STREET ADDRESS	, 1.	İ	5.3 STREET ADDRESS		
CITY-ST-ZIP	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Chance [] Addition
TITLE		€ Dereie	6.2 NAME		☐ Change ☐ Addition
NAME '					
STREET ADDRESS			6.3 STREET ADDRESS		

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 impowered 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #