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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082100

1. Corporation Name

A. EDWARD MCGINTY, P.A.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90133 047 ***150.00



Principal Place of Business 4820 CYPRESS TREE DRIVE TAMPA FL 33624 2. Principal Place of Business 2. Mailing Address 4820 CYPRESS TREE DRIVE TAMPA FL 33624 3. Date Incorporated or Qualifed Q9/17/1998 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualifed Q9/17/1998 4. FEI Bumber 3 3 3 4 9 5
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TAMPA FL 33624 TAMPA FL 33624 TAMPA FL 33624 TAMPA FL 33624 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/17/1998 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. Country 2d. Do Nort Write IN THIS SPACE 3. Date incorporated or Qualified 99/17/1998 4. FEI Number 3 3 3 4/95 Not Applicable Fee Required 5. Certificate of Status Desired Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Status Desired 7. Fee Required 7. Status Desired 7. Status De
3. Date Incorporated or Qualifed 09/17/1998 2. Principal Place of Business 2. Applied For 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Sa,75 Additional Fee Required 2. City & State 2. City & State 3. Country 3. Country 4. Election Campaign Financing Frust Fund Contribution 4. Fee Required 3. This corporation owes the current year Intangible Personal Property Tax. Yes 3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 3. Name and Address of New Registered Agent 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street
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City & State 28 City & State 28 City & State 28 Country Country Country Zip Country Signature, hyped or printed name of registered Agent and bits if applicable. City & State Country Zip Country Zip Country Signature, hyped or printed name of registered agent and bits if applicable. City & State City & State Country Signature, hyped or printed name of registered agent and bits if applicable. City & State Country 8. This corporation owes the current year Intangible Personal Property Tax. No Name And Address of New Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 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 agent and for printed name of registered agent and puts if applicable. (NOTE: Registered when reinstating) DATY 12. OFFICERS AND DIRECTORS IN 12
Trust Fund Contribution Added to Fees Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name A. Edward M.C. G. In 44 820 CYPRESS TREE DRIVE TAMPA FL 33624 83 84 City FL 85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE A. Edward M.C. In 49 85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE A. Edward M.C. G. In 49 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered when reinstating) OFFICERS AND DIRECTORS IN 12
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name A. Edward McGinty 82. Street Address (P.O. Box Number is Not Acceptable) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation sustaints this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporations from different agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE A. Edward McGinty Signature, typed or printed name of registered agent anglitic if applicable. (NOTE: Registated agent anglitic if applicable.) (NOTE: Registated agent anglitic if applicable.) (NOTE: Registated agent anglitic if applicable.) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name A. Edward M.C. G. In +9 14. Name A. Edward M.C. G. In +9 15. Street Address (P.O. Box Number is Not Acceptable) 16. Name and Address of New Registered Agent 17. Name A. Edward M.C. G. In +9 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 19. Virginia M.C. G. In +9 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. Signature, typed or printed name of registered agent and bute if applicable. (NOTE: Registated Agent A
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14. I hereby certify that the information supplied with this filing does not ordality 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 of the receiver of trustee employers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment, with an appropriate my other line employered. CITY-ST-ZIP

SIGNATURE:

873-961-7603 Daylime Phone #