

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90057 047 ***150.00

DOCUMENT # P98000093437

1. Corporation Name

DIESEN, DUFFY, SORCI & ASSOCIATES, INC.

Principal Place of Business

C/O JEANNE K. DIESEN, PH.D.
1982 STATE ROAD 44, SUITE 203
NEW SMYRNA BEACH FL 32168

Mailing Address

C/O JEANNE K. DIESEN, PH.D.
1982 STATE ROAD 44, SUITE 203
NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1998

4. FEI Number

59-3546389

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIESEN, JEANNE K PH.D.
1982 STATE ROAD 44, SUITE 203
NEW SMYRNA BEACH FL 32168

81 Name

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

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 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DIESEN, JEANNE K PH.D.
STREET ADDRESS 1982 STATE ROAD 44, SUITE 203
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Judy Lever - Duffy
1.3 STREET ADDRESS 355 Buttonwood Dr.
1.4 CITY-ST-ZIP Key Largo, FL 33037

TITLE ☐ DELETE
NAME ☒ ADDITION
STREET ADDRESS S-T
CITY-ST-ZIP Joseph Sorci
853 Jordon Av
Orlando, FL 32809

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Joseph Sorci
2.3 STREET ADDRESS 853 Jordon Av
2.4 CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

JEANNE K. DIESEN, Pres.

4/28/99

Date

904-428-9389

Daytime Phone #

CR2E034 (1/98)