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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000102571

1. Corporation Name

RUSSELL EDWARD KLEMM, P.A.

Principal Place	of Business	Mailing Address			t ibbiiddt iis isist idii: ssiii db	(it ##4#) 16#11 ##4	16 11661 ETTT 168-	ts tree cent
345 SOUTH MIS	SOURI AVENUE	1345 SOUTH MISSOURI AV	ENUE					
SUITE 108 SUITE 108					. DO NOT WE	ITE IN THIS	SDACE	
CLEARWATER FL 33756 CLEARWATER FL 33756				Do Nor WA Date Incorporated or Qualifect		JI AUL		
					12/07/1998	•		
2 Driveria et Di	ace of Business	2a. Mailing Address			4. FEI Number		I App	lied For
	ace of Business	— ·			59-354712	30		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				<u> </u>	\$8:75 AC	
		27			'5.' Certifcate of Status Desired		Fee Req	ſ
City & State	9	City & State			6. Election Campaign Financing		\$5.00 A	May Be
23	_	28			Trust Fund Contribution		Added to	- 1
Zip	Country	Zip	Cour	ntry	8. This corporation owes the cur	Tent year Inta		_
24	25	29	30		Personal Property Tax.		☐ Yes 🚨	No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered A	gent	
			l	81 Name				
	M, RUSSELL EDWARD		 	82 Street Addr	ress (P.O. Box Number is Not Accep	table)		
	South Missouri Avenue							
SUITE			ſ	83				
CLEA	RWATER FL 33756		}	04 00			85 Zip Ci	
				84 City		FL		J
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the ab	ove-named corp	poration submits this statement for the	e purpose of o	hanging its r	egistered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was a	autnonzeu	i by the corporation	ion's board of directors. I hereby acco	ept the appoin	tment as reg	sterea
-	in familiar with, and accept the obliga-	10113 01, 0001011 001.0000, 11	Direct Cibra	11301				ļ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agent signature require		DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		, ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	D	☐ DELETE	1.1 TITI	LE	P/S/D	وسن المساد	Change	Addition
NAME	KLEMM, RUSSELL EDWARD ES	Q.	1,2 NA	ME 1/	JUSELL EDWARD	1255 EA	M. C.	1415740
STREET ADDRESS	1345 SOUTH MISSOURI AVENU	iE	1.3 STI	REET ADDRESS	SUSSELL EDWARD MISSON	ואטכ	VE, SU	116 108
CITY-ST-ZIP	CLEARWATER FL 33756		1.4 CIT	TY-ST-ZIP	O(1000000000000000000000000000000000000	23 <i>75</i> 7		
TITLE		☐ DELETE	2,1 TIT		JUNGRIMATER, Th			
NAME				TE	JURANWATER, Th		Change	Addition
STREET ADORESS			2.2 NA		JEANWATER, Th		Change	Addition
CITY-ST-ZIP					JEANWATER, TO		Change	Addition
	γ -		2.3 511	ME	JEANWATER, TO			
TITLE	w-	☐ DELETE	2.3 511	ME REET ADDRESS ITY-ST-ZIP	JEANWATER, Th	- Playmon	☐ Change	Addition
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İ	r-	☐ DELETE	2.3 STT 2.4 CF 3.1 TITT 3.2 NA	ME REET ADDRESS ITY-ST-ZIP	JEANWATER, The			
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6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

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 received 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 attachping with an address, with all other like empowered.