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**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90071 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000105313**

1. Corporation Name

**H. A. JOINT PROPERTIES, INC.**

Principal Place of Business

**1302 19TH STREET  
TAMPA FL 33605**

Mailing Address

**1302 19TH STREET  
TAMPA FL 33605**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/18/1998**

4. FEI Number

☒ 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

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Post Office Box  
Suite, Apt. #, etc. **18464**

22. City & State

**23** Zip Country

27. City & State

**28** Tampa Florida

24. Zip Country

**25** **29** 33679 **30** USA

9. Name and Address of Current Registered Agent

**HADLOW, RICHARD B ESQ.  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

**81** Name **Daniel B. Howell**

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

**1302 N. 19th Street**

**83**

**84** City **Tampa**

**FL**

**85** Zip Code **33605**

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 **X** **Daniel B. Howell** **DANIEL B. HOWELL**

**2/11/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **Thomas J. Azzarelli**  
STREET ADDRESS **100 West Kennedy #720**  
CITY-ST-ZIP **Tampa, Florida 33602**  
**Director + President**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **Daniel B. Howell**  
STREET ADDRESS **P.O. Box 18464**  
CITY-ST-ZIP **Tampa, FL 33679**

TITLE ☐ DELETE  
NAME **Director, Vice Pres.**  
STREET ADDRESS **Sec. /Treas.**  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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: **Daniel B. Howell** **DANIEL B. HOWELL** **DR. PRES**

**2/11/99**

**(813) 247 4949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/1/98)