

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jul 30 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harbo Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000000480			
1. Corporation Name MARK HOGABOOM, P.A.			
Principal Place of Business 4312 S KIRKMAN ROAD SUITE 1409 ORLANDO, FLORIDA 32811		Mailing Address 4312 SKIRKMA ROAD SUITE 1409 ORLANDO, FLORIDA 32811	
2. Principal Place of Business State: Apt. P. Bldg. City & State		3. Date incorporated or qualified 05/12/99 DO NOT WRITE IN THIS SPACE 12/29/98 4. Filing Number 59-3548298 5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required ☒ \$5.00 May Be Added to Fees 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. Does corporation owe the current year Intangible Personal Property Tax? ☒ Yes ☐ No	
8. Name and Address of Current Registered Agent MARK HOGABOOM 4312 S KIRKMAN ROAD ORLANDO, FLORIDA 32811		9. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0503 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.			
SIGNATURE Signature based on printed name of registered agent and the 7 checkboxes			
12. OFFICERS AND DIRECTORS 1.1 NAME 1.2 STREET ADDRESS 1.3 CITY-STATE-ZIP 1.4 TITLE 1.5 NAME 1.6 STREET ADDRESS 1.7 CITY-STATE-ZIP 1.8 TITLE 1.9 NAME 1.10 STREET ADDRESS 1.11 CITY-STATE-ZIP 1.12 TITLE 1.13 NAME 1.14 STREET ADDRESS 1.15 CITY-STATE-ZIP 1.16 TITLE 1.17 NAME 1.18 STREET ADDRESS 1.19 CITY-STATE-ZIP 1.20 TITLE 1.21 NAME 1.22 STREET ADDRESS 1.23 CITY-STATE-ZIP 1.24 TITLE 1.25 NAME 1.26 STREET ADDRESS 1.27 CITY-STATE-ZIP 1.28 TITLE 1.29 NAME 1.30 STREET ADDRESS 1.31 CITY-STATE-ZIP 1.32 TITLE 1.33 NAME 1.34 STREET ADDRESS 1.35 CITY-STATE-ZIP 1.36 TITLE 1.37 NAME 1.38 STREET ADDRESS 1.39 CITY-STATE-ZIP 1.40 TITLE 1.41 NAME 1.42 STREET ADDRESS 1.43 CITY-STATE-ZIP 1.44 TITLE 1.45 NAME 1.46 STREET ADDRESS 1.47 CITY-STATE-ZIP 1.48 TITLE 1.49 NAME 1.50 STREET ADDRESS 1.51 CITY-STATE-ZIP 1.52 TITLE 1.53 NAME 1.54 STREET ADDRESS 1.55 CITY-STATE-ZIP 1.56 TITLE 1.57 NAME 1.58 STREET ADDRESS 1.59 CITY-STATE-ZIP 1.60 TITLE 1.61 NAME 1.62 STREET ADDRESS 1.63 CITY-STATE-ZIP 1.64 TITLE 1.65 NAME 1.66 STREET ADDRESS 1.67 CITY-STATE-ZIP 1.68 TITLE 1.69 NAME 1.70 STREET ADDRESS 1.71 CITY-STATE-ZIP 1.72 TITLE 1.73 NAME 1.74 STREET ADDRESS 1.75 CITY-STATE-ZIP 1.76 TITLE 1.77 NAME 1.78 STREET ADDRESS 1.79 CITY-STATE-ZIP 1.80 TITLE 1.81 NAME 1.82 STREET ADDRESS 1.83 CITY-STATE-ZIP 1.84 TITLE 1.85 NAME 1.86 STREET ADDRESS 1.87 CITY-STATE-ZIP 1.88 TITLE 1.89 NAME 1.90 STREET ADDRESS 1.91 CITY-STATE-ZIP 1.92 TITLE 1.93 NAME 1.94 STREET ADDRESS 1.95 CITY-STATE-ZIP 1.96 TITLE 1.97 NAME 1.98 STREET ADDRESS 1.99 CITY-STATE-ZIP 1.100 TITLE			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(5)(f), 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 retailer or business empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed or an attachment with an address, with all other non-empowered.

SIGNATURE: **Mark Hogaboom** **MARK HOGABOOM, P.A.** **4/26/99**

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